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## Legislative Assembly of Ontario

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## Assemblée législative de l'Ontario

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# Official Report of Debates (Hansard)

Tuesday 3 May 2016

# Journal des débats (Hansard)

Mardi 3 mai 2016

**Standing Committee on  
Estimates**

Ministry of Transportation

**Comité permanent des  
budgets des dépenses**

Ministère des Transports



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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATES

Tuesday 3 May 2016

COMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Mardi 3 mai 2016

*The committee met at 0900 in room 151.*

## MINISTRY OF TRANSPORTATION

**The Vice-Chair (Miss Monique Taylor):** The committee is about to begin consideration of the estimates of the Ministry of Transportation for a total of seven hours and 30 minutes.

As we have some new members, a new ministry and a new minister before the committee, I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for the members of the Legislature to determine if the government is spending money appropriately, wisely and effectively in the delivery of the services intended.

I would also like to remind everyone that the estimates process has always worked well with a give-and-take approach. On one hand, members of the committee take care to keep their questions relevant to the estimates of the ministry, and the ministry, for its part, demonstrates openness by providing information requested by the committee.

As Chair, I will allow members to ask a wide range of questions pertaining to the estimates before the committee to ensure that they are confident that the ministry will spend those dollars appropriately. In the past, members have asked questions about the delivery of similar programs in the previous fiscal years, about the policy framework that supports a ministry approach to a problem or to service delivery, or about the competence of a ministry to spend the money wisely and efficiently.

However, it must be noted that the onus is on the member asking the question to make the questioning relevant to the estimates under consideration. The ministry is required to monitor the proceedings for any questions or issues the ministry undertakes to address. I trust that the deputy minister has made arrangements to have the hearings closely monitored with respect to the questions raised, so that the ministry can respond accordingly.

If you wish, you may, at the end of your appearance, verify the questions and issues being tracked by the research officer. Any questions before we start?

I'm now required to call vote 2701, which sets the review process in motion. We will begin with a statement of not more than 30 minutes by the minister, followed by the statements of up to 30 minutes by the official opposition and 30 minutes by the third party. Then the minister

will have 30 minutes for a reply. The remaining time will be apportioned equally amongst the three parties.

Minister, the floor is yours.

**Hon. Steven Del Duca:** Thank you very much, Madam Chair. I'm delighted to have the opportunity to be here at estimates committee with all of you. I want to begin by thanking the committee for giving me the opportunity to be here to talk about a topic or a wide range of issues that are, of course, near and dear to my heart, as the Minister of Transportation.

This is my second opportunity, since first becoming Minister of Transportation, to appear at estimates. I found the first go-around at estimates interesting and educational, and I look forward to a similar approach being taken over the next seven and a half hours.

I wanted to say that I'm delighted to be joined here at the table by the Deputy Minister of Transportation, Stephen Rhodes. There are a number of individuals from the ministry who are here in the room. We will do our best, as always, to respond to the questions posed by members of the committee and to help provide information to the best of our abilities.

I think that most people here will know that I've now served as Minister of Transportation since June 2014. I don't say this in any way, shape or form to take anything away from the other ministries that exist, but, of course, I do believe that transportation is extremely important here in a province like ours; a province that is vast geographically and has many different challenges, whether we're talking about public transit in densely populated urban areas and suburban areas of the greater Toronto and Hamilton area, Waterloo region or some communities in the north, like Thunder Bay, or we're discussing how we link ourselves by way of roads, highways and bridges.

I would be remiss, I think, if I didn't mention off the top that in 2016, earlier this year, the Ministry of Transportation proudly celebrated its 100th anniversary as a ministry here in the province of Ontario. That's 100 years of building that connectivity right across this province.

Over the last two years, I've had a chance—as someone who's lived his entire life in the GTHA, but who's very proud to call Ontario home—to be in every corner of this province, from Cambridge to Northumberland—Quinte West, certainly a lot of time in Trinity–Spadina by nature of its physical proximity to this building, and, of course, in Kingston and the Islands and many other parts of the province.



I can tell you that we have—which no doubt committee members will know—a very ambitious plan to build the province up over the next number of years. Our Moving Ontario Forward plan, which, of course—\$31.5 billion over the next 10 years. That's roughly \$16 billion for priority transit projects in the greater Toronto and Hamilton area—which I'll come back to in a second—but also approximately \$15 billion for transit, transportation and other critical forms of infrastructure beyond the GTHA and other parts of Ontario. It's an exciting plan.

Wherever I travel in the province, there is a great deal of awareness about the fact that we are a government that is moving forward aggressively with this robust plan to make sure that we're making the investments that will ultimately matter most, not only to our economy here in the province—which, of course, is crucial—but also with respect to improving the quality of life for the people that we are very proud—I know in this room, all of us, regardless of which caucus we're from—to represent.

I'm also fond of saying—in fact, I was at a conference this morning and I used these very words or similar words at that conference—that we do find ourselves in an interesting time in Ontario. Prior to 2003, we had experienced, as a province, I would say, more than a generation's worth of chronic underinvestment in the infrastructure that we need, whether we're talking about highways or ferries or public transit or cycling infrastructure—a long list of very worthy undertakings and projects. I would argue we had, again, chronically underinvested in those.

We are currently dealing with what I call the twin challenges of both trying to catch up, because of that underinvestment, and keep up at the same time. I think everybody would recognize, whether you're from Hamilton or any other community in the province, for the most part, that we continue to experience significant population growth and will continue, particularly in our urban and suburban areas, but frankly, even beyond those. Making sure that we keep our eyes on the ball, that we keep focused on moving the province forward and building it up with those investments is something that I know is important. I hear that wherever I go. I hear a lot of excitement about the fact that we have alignment now between our provincial government here at Queen's Park and our new federal partners in Ottawa with respect to moving forward in that particular direction.

We're also contending with that requirement to keep up and to keep investing in the right way in those projects and communities that will, again, help support not only our existing middle class, but help us grow our middle class, help our economy continue to be strengthened and help ensure, at the end of the day, that our quality of life is not only maintained, but that it's enhanced right across the province of Ontario.

I know, or at least I anticipate, that we're going to delve into a number of interesting topics while I'm here at committee, but I would say that in the last number of months we've made tremendous progress, for example, in areas beyond some of the infrastructure investments, in

areas such as our road user safety agenda—something that we're all very proud of.

I will say, over the last two years, being able to serve as minister—to not only introduce but watch Bill 31, the Making Ontario's Roads Safer act, be passed in the Legislature is something that I'm particularly proud of. From my perspective, what's most interesting about the passage of that legislation was that it did pass unanimously. It was very encouraging to see members of all three caucuses standing in support of legislation that will help ensure that Ontario remains right at the leading edge of all of those issues, whether we're talking about increased sanctions for distracted driving, increased sanctions for alcohol-impaired driving, for the first time ever, significant sanctions for drug-impaired driving—which I believe is of crucial importance, particularly as we go forward—to enhanced sanctions for those who are engaging in practices such as dooring and a number of others. There's a long list, as you would know, Madam Chair, of initiatives that were contained in Bill 31. To see that legislation pass unanimously, I think, again, is very encouraging.

I know that within our road user safety division, we continue to work very closely with all of our partners right across this country.

0910

I did have the opportunity, not that many months ago, to co-chair the council of transport ministers from across Canada meeting. I can share with the committee that there's broad recognition on the part of my counterparts across this country that as it relates to road and highway safety, Ontario continues to be a leader. I think that's reflected in the data that demonstrates that over the last 13 years, we have ranked first or second right across North America with respect to road and highway safety.

I'm also fond of saying that doesn't mean that our work is done. It doesn't mean that we put away the tools and say that we don't have to continue to monitor what's happening in other jurisdictions, to learn from their best practices. I certainly acknowledge that we continue to have more work to do. There are new technologies coming into the market that we anticipate will be available over the next number of months with respect to drug-impaired driving in particular. I know it is of great importance to me. There are a number of initiatives that we're going to continue to watch closely to make sure that we're always at that leading edge with respect to road user safety.

Earlier in my remarks, I mentioned our very ambitious plan to continue to build and invest in transit and transportation infrastructure. I think everybody here would be very well aware of some of the very exciting projects that we have in places like the GTHA. We have, of course, the Eglinton Crosstown LRT that's currently under construction, the single largest public transit project in the province's history that's going to run from west to east along Eglinton—roughly 19 kilometres. I had the privilege of standing with the Premier and a number of our caucus colleagues as we announced the



official start of construction for the Keele station, the first station for that LRT. This is a project that I know will transform the lives of people who live not just in Toronto itself but right around this entire region.

One of the things that is a crucial component of my mandate from the Premier is to deliver on that seamless and integrated transit network here in the GTHA, to give people more options to leave their cars at home and to take public transit. That connectivity, that notion of connecting all forms of transit so that it's easier for people around this entire region to move, whether we're talking about getting to and from work or to and from school, or simply wanting to get down to a Raptors playoff game if the chance should provide itself to people in this region—that's something that we all strive to work towards, and we're going to continue to do that work.

We have LRT projects, along Finch in northwestern Toronto. We have, of course, LRT projects in Hamilton—we're very excited about that project—and in Mississauga and Peel region, while at the same time we continue to support, in very substantial ways, the LRT project currently under construction in Waterloo region and, of course, in the city of Ottawa. These are ground-breaking investments that are being made, literally ground-breaking investments that are being made, because we all do understand the importance of making sure that we get it right.

Here in the GTHA and slightly beyond the GTHA, the most important part, I would say, or the foundation of that connectivity, is the GO regional express rail plan. In 2014, we made the commitment to move forward, over a decade, with two-way, all-day GO service, electrified service up to 15-minute intervals on core segments of the network. In April 2015, I stood with the Premier in Barrie when we announced the \$13.5-billion plan and how we would embark, particularly on those corridors where we have 100% ownership. Across all seven corridors that we have in the GO network, committee members may be aware, roughly 80% are owned by the people of Ontario. In April 2015, the Premier announced what our GO regional express rail delivery plan would look like. We've made some tremendous progress in that regard, for example, with some double-tracking work that's already taking place on the Barrie corridor and I believe the Stouffville corridor as well, with significantly more to come.

When you think about that opportunity, whether you live in the 416, 905 or 519, depending on where you are across the whole region, to be able to travel in both directions all day long at frequent intervals—electrified service in particular over that decade—it is something that I know will, not to repeat myself, literally transform this entire region. It will give people more options to leave their cars at home, to travel in and out of the Toronto area, but frankly, we've seen an explosion of interest in particular from Waterloo region in the last number of months.

We see—I guess I would call them—informal partnerships coming about with respect to our municipal leadership along that corridor, and understandably so.

I know that our Premier and our caucus understand the urgent need to be able to move forward along that innovation corridor that's so crucial to Ontario's economic future and make sure that we have better transportation connectivity. That's something that I know the member from Cambridge, who serves as my parliamentary assistant, and the member from Kitchener Centre and the Premier herself—we get it. We know it. We're working hard.

Of course, budget 2016, which was introduced earlier this year here in the Legislature, spoke to the need to make sure that we continue to work with our freight rail partners, CN and CP, to unlock the potential of both the Kitchener corridor and the Milton corridor. That's work that will continue. But, beyond that, we also have the requirement to make sure that we continue to deliver all of the GO regional express rail vision for the people of this region. That's something that I know is terribly exciting.

Chair, if I could just ask: How much time do I have left in my 30?

**The Vice-Chair (Miss Monique Taylor):** About 17 minutes.

**Hon. Steven Del Duca:** Okay; great.

*Interjection.*

**Hon. Steven Del Duca:** Thank you. I don't have a clock here, so it's hard for me to know for sure.

If I could take off my minister's hat for just a quick second and talk as somebody who's very proud to serve as a member of provincial Parliament for York region, we also have the York region Viva BRT running along Highway 7.

I do say that I've lived in this region my entire life, but I lived specifically in Vaughan for close to 30 years. I will tell you—and it's not unique to Vaughan; I would say that it exists right around, particularly, our 905 communities. There has been, and understandably, a historic cultural tendency, as it relates to transportation to tilt towards using cars because those were the only options that were, by and large, available to people who wanted to move from point A to point B, as the saying goes. To witness what's happening along Highway 7 in York region, with the significant investment—roughly \$1.4 billion that the province of Ontario is investing—in the Viva BRT is something that's interesting, not just from a transportation perspective but, I would also say, particularly at Jane and Highway 7 in the riding of Thornhill.

Earlier, I referenced the importance of connectivity. The Toronto-York Spadina subway extension that will run and end at Jane and Highway 7 and at what's soon to be known—or is known currently, but being built out—as the Vaughan Metropolitan Centre, a brand new downtown core for Vaughan and for that part of York region. But what's really interesting is that you have the literal intersection between the Toronto-York Spadina subway extension, the TYSSE—that extension of the TTC up to Jane and 7, which will intersect with a terminal along Highway 7 for the Viva BRT. So when I talk about connectivity—and frankly, some of these lines—not just



those two, but others—will also have very easy connections into the GO network. This is what I'm talking about when I say that we will deliver on a network that will help support that degree of connectivity, which is certainly required.

This is true in Durham when you look at some of the projects that we're undertaking there, which I'll circle back to in just a quick second. It's certainly true in Mississauga and in Brampton and, again, right across York region. I mentioned Durham just a second ago. We have a very exciting project that is nearing completion in Durham, with Highway 407 East. I can tell you that, in conversations with individual municipal representatives and our own caucus colleagues from the entire Durham region and beyond, to those in Peterborough, Northumberland—Quinte West and others, there's tremendous excitement about the fact that the government of Ontario is currently building the 407 East, which of course will run from where the 407 ETR ends, right out to—eventually, when phase 2 is completed—Highway 35 and Highway 115, which is great news. In addition to that, there is, I would say, tremendous excitement when I explain to people that we're also building two north-south links so that, as part of both phase 1 and then phase 2 of 407 East, there will be an additional highway—a 400-series, controlled-access highway—running to link the 407 East down to the 401.

When you look at that part of Durham, when you look at that part of the GTHA, you see very clearly the need for those continued investments. Actually, if anybody has spent any time driving around that part of the region, it really does help to give you a sense of exactly how significant and how large these infrastructure projects are—because when you're talking about a highway project that's the length of the 407 East and others that I'll talk about in just a second, you really see not only how we're transforming the region but you actually see how many people we're putting to work with these infrastructure investments that we're making.

0920

The government's overall infrastructure plan is ambitious, but ultimately it will help create and sustain, over the next decade, in each and every year, 110,000 jobs. That's interesting when it's numbers on a piece of paper, but when you go out and look at the Crosstown, the 407 East and some of the other projects like Waterloo region's ION and so many others, you actually see how many skilled tradespeople and others throughout the entire infrastructure employment spectrum, as I like to call it, are being put to work because of the ambitious infrastructure plan that we have.

I think many in the room will know that not that many weeks ago I was very happy to stand alongside Minister Brad Duguid as we launched the RFP, the request for proposals, for the Highway 427 widening and expansion. In an area of Highway 427, portions of that highway are already currently being widened south of Finch, but from Finch up to roughly Highway 7, the 427 will continue to be widened, and then from Highway 7 up to Major

MacKenzie Drive in York region it will be extended. That's roughly a seven-kilometre extension. All told, this is a very significant project that will unlock tremendous economic development potential through that part of York region—a huge employment land potential and, therefore, job creation potential not just because of the jobs that will be created because of the investment in the highway itself but the jobs that will be created because the municipalities and the private sector will leverage that significant provincial investment to develop the employment lands that are immediately adjacent to that highway.

That's an example, but we see that in many other parts of the province with the significant investments that we're making.

I should point out that the Highway 427 extension RFP has been released. We anticipate that construction will begin next spring and that vehicles will be on that completed extension of that highway in 2020.

I think many in the room will also know that not that many months ago I had the opportunity to do a couple of very exciting things that were, I would say, groundbreaking or innovative or unusual for the province of Ontario in the transportation realm. Number one: Last November I was in London with the Deputy Premier to announce that we were launching the environmental assessment for the high-speed rail project. High-speed rail, of course, is something that we had talked about and committed to. Part of my mandate letter from the Premier did include advancing the environmental assessment for what really has the potential to be something revolutionary through southwestern Ontario: high-speed rail from Toronto to Windsor, with stops in Waterloo region and London.

We announced that we were launching the environmental assessment in London. I know that just in that community alone, whether we're talking about the municipality itself or we're talking about a number of those from the private sector or from the university and college sector who are looking at the future with respect to creating that kind of higher-speed connectivity between London and the GTA, there was tremendous excitement. That excitement remains. Of course, not that many months after we launched the environmental assessment, we announced that former federal transport minister David Collenette had been appointed to serve as a special adviser to both myself and Minister Duguid with respect to doing some additional work on this important project. Of course, Mr. Collenette brings a tremendous breadth of experience in the transportation and transport realm to that work. I know that he has been out in communities along that potential new corridor to have conversations with First Nations and municipalities and others to gather feedback as part of his work.

The other thing that I think garnered a great deal of interest following the very successful Pan Am/Parapan Am Games was the announcement that I had the chance to make with respect to Ontario moving forward with HOT lanes. I referenced the 427 extension just a second

ago. The first electronic—I'll call them "electronically tolled"—HOT lanes will be deployed on that 427 extension on both a portion of the existing 427 that's currently being widened and the extension itself. We anticipate that those HOT lanes will be in place in 2021, but I also did announce at that same time that we would be launching a pilot for HOT lanes on the QEW or a segment of the QEW. More information will be forthcoming on that in the next number of weeks and months, but we anticipate that, as originally suggested when we made the announcement, the QEW pilot will be effectively rolled out a little bit later this year.

Two other areas I know have triggered a great deal of excitement, and understandably so, Chair. Late last year, Minister Duguid and I were in Waterloo, at the University of Waterloo, to announce that Ontario would be the first province in Canada to permit the testing of automated vehicles, or driverless vehicles, on its roads and highways.

I have to tell you that it was a bit of a chilly day. I know that the member from Cambridge was there that day. It was a bit of chilly day, but we had the chance, if you can imagine this, Chair, both Minister Duguid and I, to ride in the automated golf cart that two students—I think that it's two students; maybe more—from Waterloo had basically devised and created, and to take that automated, essentially driverless golf cart from where we were originally positioned to the announcement itself.

It was actually quite remarkable to see and witness in a very tangible way how the world of transportation, as it relates to disruptive innovation and technology, is literally transforming under our feet, and how Ontario is positioning itself right at the forefront of that technology, again, as the first province in the country that's permitting the testing of these vehicles on our roads and highways. It's something that's very exciting from the transportation perspective, yes, but also from the perspective of encouraging more innovation, whether we're talking about our university campuses or we're talking about other aspects of the private sector and the research world.

I mentioned earlier the Toronto-to-Waterloo innovation corridor, but I think that that's the kind of technology that we are able to not only harness and work on here in Ontario—I know that we all do feel a great deal of pride about what's happening within that realm and recognize that we're going to continue to go forward and be aggressive. I think that we have to take advantage of all of the benefits and be prepared for some of the challenges that might exist as more of those technologies evolve.

Just a couple of days ago, I was in Mississauga to announce that we were awarding \$20 million to support the build-out of a network of fast-charging electric vehicle stations essentially right across the province of Ontario. From what I recall, 500 charging stations will be rolled out or supported as a result of this significant investment. That's great news, because in my two years as transportation minister, when we've looked at, for example, modernizing and updating the Electric Vehicle

Incentive Program, or I've had the chance to witness some of the new technologies, for example, at the auto show here in Toronto, or to talk to the private sector in the realm of auto about what they're planning to do, and the interaction that they have with consumers in their realm, one of the big challenges, of course, as it relates to more widespread adoption of electric vehicles, is what we call the range anxiety that many consumers would feel.

Even though we see more technology and we see more investments from the private sector to help extend exactly what kind of range some of these vehicles will have, at the end of the day we want to be in a position—which is why we've made this \$20-million investment—so that we can provide comfort to consumers having the knowledge that whether they are just going on a fairly short, finite commute on a daily basis or they're planning to travel a little bit farther away from home, for whatever reason, they'll have the ability to recharge their vehicle, which in turn will help support, I think, their decisions in a more aggressive, robust way to purchase some of these vehicles, particularly as more and more of these vehicles are coming on stream and coming onto the market, providing them with more purchasing options.

Of course this then segues into the fact that within the transportation sector, roughly 34% of all of the greenhouse gas emissions that we emit as a province do flow from the transportation sector, which provides us with a significant challenge but also a wonderful opportunity in the transportation world. It's why we are moving aggressively forward with more of the technological innovation in supporting it. It's why we're also moving forward with respect to building that network of fast-charging stations.

How am I doing for time?

**The Vice-Chair (Miss Monique Taylor):** You have three minutes left.

0930

**Hon. Steven Del Duca:** Three minutes? Thank you very much.

It's why we're also moving forward aggressively with the network that I talked about. I will say that whether it was at the announcement itself in Mississauga or whether I'd been talking to others from that world, there is tremendous interest and excitement about those monies that we put out into the market to support that network of fast-charging stations. There is tremendous interest in working with us to try to make sure not only that those get built, but that we find ways to leverage that investment to deploy potentially even more of this infrastructure over the next number of months, which, again, will be crucial as it relates to our fight against climate change.

I will say that in my own community of Vaughan, friends of mine have talked about the excitement, now that they've heard that this particular network of fast-charging stations will be built and deployed.

I would say, with my remaining time, that I do certainly look forward to hearing questions from all of the representatives, all of the caucuses on today's committee. I know that we all share a passion—all of us, regardless of



partisan stripe—for making sure that we are making sound investments in transit and transportation infrastructure. It affects each and every single one of us, whether we're coming from an urban or suburban community, a remote northern community or a rural community.

We at the Ministry of Transportation, again, are very proud of 100 years of doing this kind of work in the province of Ontario, building the province up and making sure that we are going in the right direction. I certainly know that in debate, even in the Legislature, we all share the determination to find creative ways to make sure that we get it right. I certainly do look forward to the questions. I look forward to the back-and-forth.

I mentioned at the outset that I'm joined here by the deputy and a number of individuals who are here from the ministry. We will, as always, endeavour to provide the answers that are required, and I look forward to the discussion.

How am I doing for time now, Chair?

**The Vice-Chair (Miss Monique Taylor):** One minute.

**Hon. Steven Del Duca:** One minute? So I will actually finish off by talking a little bit, very quickly, about the fact—which I often do in speeches; I know some of my colleagues have heard me say this before—that it's really important, when you think about the time horizon for the investments and the decisions that we're making, whether it's in road user safety, transit investments or other forms of the transportation infrastructure that we need—we talk in 10-year horizons. Why that's really important to me, beyond the obvious, is that I have young kids, and I know other committee members do as well. When I think of my eight-year-old and my five-year-old, and where they will be in a decade—we want to make sure that they can continue to live and thrive in a province like Ontario, and I know that at the very heart, the very backbone of making sure that they have that opportunity, there is a responsibility that we collectively have to make sure that we get our transportation plan right. I know that, working together, we'll find a way to do that.

Thank you very much for having me here today.

**The Vice-Chair (Miss Monique Taylor):** Thank you, Minister.

Now, to the official opposition. You have 30 minutes.

**Mr. Michael Harris:** Good morning, Minister. Good morning, folks from the—

**The Vice-Chair (Miss Monique Taylor):** Mr. Harris—sorry, I had to put your name on record.

**Mr. Michael Harris:** That's fine. They know who it is.

I appreciated your presentation. I look forward to spending the next seven or so hours with you and your staff.

First off, you're responsible for the Moving Ontario Forward plan, the billions of dollars that will be invested in public infrastructure. The core agency that is responsible to execute that, the planning agency, is Metrolinx. I think we can both agree that there have been some missteps with that agency over the last while, in fact.

I want to ask you specifically about a letter that you recently sent to the chair of the board at Metrolinx, Robert Prichard. In the letter you say you need to ensure value. You go on to explain that there's a continued need to ensure value for money in Metrolinx corporate administration processes.

Would you not say, though, that the oversight of this agency ultimately falls with you?

**Hon. Steven Del Duca:** I think there are a couple of things. I would say off the top—thank you for the question, by the way—that yes, of course, as Minister of Transportation I am responsible for delivering on all aspects of the mandate letter that I received from the Premier, including, of course, working closely with Metrolinx to make sure that we do deliver successfully on the very ambitious plan that we have.

I would say that Metrolinx is an agency that over the last number of years, in my estimation, has not only done tremendous work with respect to the delivery on that mandate—and, frankly, even predating me as the Minister of Transportation—but I would also say that we have to keep a couple of things in mind. Because of that chronic underinvestment prior to 2003 in all of these areas that I know are so important to all of us—you included, from Waterloo region, and I respect that—I know that there has been a tremendous demand on the agency with respect to how quickly it has had to grow and how quickly it has had to deal with all of the challenges that we're facing.

The other part of it is that I think if all of us could go back half a century—unfortunately we can't, but if we could go back half a century as we built up all of our communities, as they continue to grow, if we had the opportunity to start with a blank slate as those communities were growing and make the investments at least at the foundational level for the transportation and transit network that we need, we would be dealing with one set of challenges. Whether we're talking about Parkdale-High Park or York South-Weston or Waterloo region, the fact that we are coming after our communities have grown and been built—and, in many cases, those communities are fairly densely populated and we are now building into those communities—and I'm just making this terminology up—in-fill transit infrastructure. There are significant challenges with that approach. I've said this many times publicly. To do this degree of work in all of our communities is disruptive, it is expensive and it takes time. So there are some tremendous challenges there.

Just really quickly on the Metrolinx piece itself, I know that the agency has grown dramatically over the last number of years. They have provided tremendous outcomes—I know you don't want me to, but I could list off a whole bunch. We probably will get into some of them at some point in the course of my time here at estimates. But I will also say that we all have a responsibility—which I think you would respect—Metrolinx included, to make sure that at all times we are delivering value for the people that we represent and that

we are focused on the mandate that we are given, which is to plan, develop, support, deploy and ultimately operate the transit service that we're talking about.

**Mr. Michael Harris:** Calling for this review: Would that be a sign or an admission that your ministry in fact has failed to provide proper oversight of Metrolinx?

**Hon. Steven Del Duca:** No. Again, I would say that we work very closely with the agency. I think we've had tremendous success. When you look at the work that we are not only involved in right now but you also look at the scope, the size and the volume of the work that's to come, I think that we have done a tremendous job. Just by nature of my personality itself, I'm also somebody that believes that we can always improve, that we can always collectively roll up our sleeves to work hard. I think we do have to recognize exactly how ambitious the plan is for the GTHA and beyond the GTHA, into places like your home community in Waterloo region and the palpable desire that exists in all of our communities to see that we get it right. I think that, if I can say this, when you look at the scorecard of what we've been able to deliver, not just in the last two years but in the last 13, it has been considerable. I know that over the next number of years we have significantly more to deliver, and I don't think there's anything wrong with making sure that we collectively keep our eyes on the ball and deliver the outcomes and do it in a way that demonstrates that we're providing value for the investments that we're making.

**Mr. Michael Harris:** This review is an internal review. A lot of critics suggest that an internal review will not bring forward tangible changes that are actually necessary. Why not go to more of a public review? Who will actually be in charge of leading this internal review at Metrolinx?

**Hon. Steven Del Duca:** The communication that I provided to the chair does require that Metrolinx work closely with the chief administrative officer at MTO to report back not only on an interim basis but over a slightly longer time horizon.

I guess my perspective on that would be that, here in this part of Ontario, in the GTHA and beyond, we have struggled throughout much of my life, particularly prior to 2003, with a certain overemphasis on endless debate, endless dialogue and endless process. In 2014, when I was first appointed as minister, I said publicly, and I have said it repeatedly since, that from my perspective the most important thing was that we actually got on with the work that's required to deliver the outcomes people expect. To me, that means approving the right projects, getting shovels in the ground, putting people to work, and demonstrating to the people we all represent that we are producing the outcomes that they've asked of us—in this case, putting more transit options into service. That is the lion's share of the work that we're focused on. In this instance, I felt it was important, and I still do, to make sure that at all times we're maintaining and supporting that approach in a way that demonstrates to the people we represent that they're getting value for what they deserve.

**0940**

The last thing in the world that I want to do, and the last thing in the world that the people in my home community—and, I would hazard a guess, in your home community—want us to do is end up in a world where we are inadvertently delaying the outcomes for the sake of the trap that we've always fallen into in this region and beyond.

That's the work that we are focused on. I think we're doing a good job of delivering it. There's always room for improvement in anything we undertake as human beings.

**Mr. Michael Harris:** One of the first bullet points in the letter to the chair of the board was a review of agency-ministry communication protocols to ensure that they are meeting their intended purposes for both parties. Do you have a specific concern with the fact that the agency is commenting on issues before getting prior approval from the ministry? What specifically are you looking for?

**Hon. Steven Del Duca:** No, it's a fair point, a fair question. When you consider the rapid expansion and the rapid growth of the agency itself in order to respond to exactly how ambitious our plan is, I think it's fair to say that, like any entity in life that grows very quickly and has a very demanding and very high-profile mandate to deliver on, it's actually a healthy thing to do regularly scheduled check-ins to make sure that there's a reasonable flow of information back and forth, and from my perspective, in two years as minister, I've always found that there has been. Again I see nothing wrong with wanting to make sure, whether it's that one specific piece or other elements—in this case, this correspondence—that they remain as true to the best practices that we can deploy as possible. I think it's only natural in any organization or in any relationship between two organizations, when the task is so considerable, when the plan is so ambitious and when the stakes are very high for the entire province, that we continue to strive to get it right. That's the spirit in which that correspondence was written and deployed, and I believe that's the spirit in which it has been received.

**Mr. Michael Harris:** What is the current communication protocol over at Metrolinx with regard to the ministry? Can you briefly explain?

**Hon. Steven Del Duca:** I can briefly, from my perspective, explain that I have the opportunity to be briefed by representatives from Metrolinx on a regular basis. I know that there are similar briefings that are provided to my office back and forth—and the deputy, if he wants to speak to this, certainly can jump in. From the MTO public service to Metrolinx itself, I know there is a significant amount of, I'll call it, synergistic communications, if that's even the right word to use to describe it, but there's a lot of co-operation, and there has to be, because, at the end of the day, as the agency that's tasked with delivering on the mandate the Premier has given to me and then, therefore, that flows through to the public service at MTO, there would have to be significant,



ongoing back-and-forth to make sure we're getting it right.

Deputy, if you'd like to speak specifically to some of the other protocols that exist.

**The Vice-Chair (Miss Monique Taylor):** If you could just identify yourself for Hansard, please.

**Mr. Stephen Rhodes:** Certainly. I'm Steve Rhodes, deputy for transportation.

From a communications perspective, to your specific question, our staff meets on a regular basis—the communications directors—to make sure that we're all clear on what's coming down the pipe—forward planning, that sort of thing—to avoid any surprises. That's the nature of what I've seen so far in my 10 weeks on the job. It's a bit of a learning curve. But that's exactly what's done on a regular basis. We have periodic meetings on specific projects, some of which the minister spoke about at the start of his opening remarks.

**Mr. Michael Harris:** You mentioned communication. How often—and I know that when we've asked some of the questions in the House on some of the specific instances that we've had issues with Metrolinx or folks have had issues, you've been speaking with the chair and other members of the board into the wee hours of the evening, I guess. How often do you yourself actually communicate with Bruce McCuaig, the CEO of Metrolinx?

**Hon. Steven Del Duca:** Bruce and others from Metrolinx at senior levels will participate in briefings with me on a regular basis. I will say that from a communications standpoint my direct conduit to Metrolinx, of course, is the board chair, Rob Prichard. Mr. Prichard and I, from my earliest days as minister at MTO, established that we would—and fundamentally because from my perspective this is the best way to make sure that everybody is on the same page, that we're moving in the right direction, that everybody understands what needs to be done and that there is a fairly easy flow of information back and forth on an as-needed basis.

It's hard for me to quantify exactly how frequently we talk. We talk as needed. I would say that it's fairly frequent, but I have no way of measuring that against what other ministers have done prior to me arriving on the job.

**Mr. Michael Harris:** Moving on, obviously UP Express has been a significant issue that you and Metrolinx have had to deal with. You know what? Let's get it out at the outset: It's great that world-class cities have world-class transportation modes like the UP Express from Pearson to downtown.

We asked you back in September, in question period, and you told me that UP Express ridership would be around the 5,000-rider mark by the end of year one. Now, there was a change in the fare structure in March. How close were you to meeting that before the change in the fare makeup—up until March, I suppose—of meeting that 5,000?

**Hon. Steven Del Duca:** Thanks for the question. Thanks also for being someone who I know uses the UP

Express from time to time, because I've seen evidence of that on Twitter and it's much appreciated.

I think there are a couple of things to remember. One is that the UP Express itself—and I know that you've heard me say this, but I think it bears repeating because I think we do have to celebrate our successes—is a significant infrastructure project that was delivered both on time and on budget. It was in time for the Pan Am/Parapan Am Games, as we had committed to.

It's a brand new service for this entire region. It's something that we've never had the chance to participate in before and, I think, as someone who has lived here his entire life—I actually grew up in Etobicoke, not far from Pearson, before moving to Vaughan. I think if you, historically, had talked to most individuals living in this region, quite apart from visitors to the region, there was what I would call a behavioural tendency towards consistently using specific modes of transporting yourself to the airport: your own car, a relative or a friend dropping you off, a taxi or a limo. To break into that market, which I think we all recognized would be a degree of a challenge, was more challenging than I think we anticipated, or that I anticipated. I'm not happy to say it, but I'm fine to say it. As a brand new service, putting it out into the market, I think that we learned that we needed to make sure that we were promoting it at all times in a way that made sense. I certainly heard anecdotally, even from colleagues and others, about the requirement for better way-finding and signs so that people, whether they were at Union itself or at Pearson, could have a better sense of literally how to access it. That's for people who live or work in this region, let alone for people who are visiting the region itself.

From my recollection—and the deputy is welcome to correct me if I'm not remembering properly—I think that we started off reasonably well. In the first number of weeks with UP Express—which launched, I believe, on June 6 of last year if I'm not mistaken about that. We started off reasonably well. We anticipated and certainly worked towards seeing that ridership grow. I think, Mr. Harris, you mentioned September when you asked me the question. I can't remember off of the top of my head where ridership stood specifically in September. What I can tell you is that over the course of the first eight months of service, despite very strong efforts on everybody's part to drive up ridership, what we saw was that ridership was not growing at a rate that I felt was satisfactory, especially since we knew—and I know that you've heard me say this publicly, because it's true, and I think you had acknowledged this as well, as someone who has used the service—that it is a great service.

When people actually have the opportunity to get on it, it's something they recognize as—you know, a 25-minute trip to Pearson from Union every 15 minutes, 19 and a half hours a day. It's a comfortable ride. Depending on the time of day, if you can see it, it's a scenic ride. You're getting a chance to see what the city of Toronto looks like from a perspective that most people wouldn't have the chance to see. That doesn't even speak to some of the amenities that come along with the service.



**0950**

It's a great service, so we needed to drive up ridership. I said at the time, just prior to March break, when we made the change and reduced the fares to make them more affordable, that we needed to do more to drive people towards the service. So in addition to the promotion and the way-finding and everything else, there were issues with respect to fares and affordability, not only for visitors but also for people in the west end of the GTHA who were looking to this as a potential option to support their daily commute, whether we're talking about from Weston or from the Bloor area.

We made the decision, as you know, just prior to March break, to reduce the fares, and I think that we have seen, since that point in time, that ridership has grown. Although I have not seen final numbers, necessarily, for the last couple of months, I certainly expect and I have heard anecdotally and seen preliminary numbers that suggest ridership has grown significantly.

**Mr. Michael Harris:** I have numbers until the end of December. I'm wondering if someone can provide to the committee the monthly passenger ridership numbers for January, February, March—can someone share those numbers with me?

**Hon. Steven Del Duca:** We can take that back, yes.

**Mr. Michael Harris:** You don't have that available here?

**Hon. Steven Del Duca:** I'm not sure if we do. I'm not sure.

**Mr. Michael Harris:** Nobody has it?

**Hon. Steven Del Duca:** John does.

**The Vice-Chair (Miss Monique Taylor):** If you could just identify yourself first, please, for Hansard? Thank you.

**Mr. John Lieou:** Hi. My name is John Lieou. I am the ADM for policy and planning at the ministry.

**Mr. Harris,** you asked for the ridership numbers in January, February and March. Here they are: The monthly January ridership is 60,976. On a daily basis, it averages around 2,200. The February number is 64,046; on average, it is roughly 2,400.

**Mr. Michael Harris:** That includes the free day—family week?

**Mr. John Lieou:** Yes, this is the overall. Does that answer your question, Mr. Harris?

**Mr. Michael Harris:** March?

**Mr. John Lieou:** For March, there are two segments, as the minister has said. The pre-March 9 number is 17,000; that's ridership for that period. It is roughly 2,300 a day. After the change, it's at 103,000. So, roughly, it's 4,950 on a daily basis.

**Mr. Michael Harris:** Now, of the different class—and maybe you want to stay just in case they will need to refer to you for questions—but of the 60,976 for January, for instance, that would be a cross-section of fare prices, so you have got the top fare at \$29, was it not?

**Mr. John Lieou:** And \$19 with the Presto card.

**Mr. Michael Harris:** These are just riders, period, no matter what fare they've paid for? I know you break it

out significantly, and I'm wondering if you can provide to the committee how many of those were discounted, beyond the Presto discount.

I'll give you an example. These are everywhere in the city. Of the 60,976, how many of those riders for the month of January would in fact be complimentary or under some promotion?

**Mr. John Lieou:** I do not have that information.

**Mr. Michael Harris:** You would be able to get that to the committee, though?

**Hon. Steven Del Duca:** We can take that back. I know that even the last two numbers that John gave with respect to the first part of March and post—those numbers are still approximate. I know Metrolinx is working towards complete reconciliation, so we'll take that request back.

**Mr. Michael Harris:** Yes. I guess we'll build on that ask, then, for legislative research here. If you can provide to the committee—you've listed the daily ridership numbers. We've been given a monthly number up until the end of March, roughly. If you can at least, on a monthly basis, provide to the committee how many of those riders rode on a complimentary basis, for zero dollars, or were part of a promotional program. That's specifically what I'm curious about.

**Hon. Steven Del Duca:** We'll take that back.

**Mr. Michael Harris:** I guess, initially, the UP Express—they talked about a three- to five-year break-even point. I'm assuming that it is safe to say that that three- to five-year break-even point will not be met, correct?

**Hon. Steven Del Duca:** I would say, and I said this the day that we had announced that we were reducing fares, that at the end of it all, a train that's running mostly empty or running virtually empty never breaks even. We saw, as John pointed out, with some of the ridership numbers that he gave you for January, as an example, that over the course of the first eight months, the ridership wasn't where we wanted it to be, wasn't where it needed to be.

Again, just to emphasize the point, because I think it bears repeating, we have seen fairly dramatic spikes in ridership from people who are taking the entire trip, but also, frankly, ridership from people who are using it essentially as a commuter service in the west end of Toronto because the fares on those two interim stops are now in alignment with the GO fare that existed for the same length of travel.

At the end of the day, it's important for everybody to remember that when a train is running empty or nearly empty—you can project that it's going to break even at a certain point, but without ridership growth it would never break even. Obviously, Metrolinx is still in the process of not only reconciling some of the ridership numbers John referenced a second ago—we have not yet completed our full first year of service, and that's work that we're going to continue to monitor over the next number of months leading up to June 6 of this year, about a month from now, and have a chance to reconcile all those numbers and do the analysis to have a better sense of where things stand.

Again, notwithstanding the fact that transit pretty much right across Ontario—municipal transit, GO Transit in its current form—is a subsidized service, as you pointed out, Mr. Harris, there was anticipation that for a stretch of time the UP Express would require subsidy. Notwithstanding all of that, without ridership on the train, or with the train running so below capacity for so long, we would be in a position where we would not, virtually regardless of price point, necessarily break even. The focus with the reduction in fares is to drive people to the service, which it's obviously doing at this point in time. We will be able to analyze the numbers once we've gotten to the point of the first year of service being complete, to see where things stand.

**Mr. Michael Harris:** You've talked about the subsidy. What is the actual operating cost of the UP Express on a monthly basis?

**Mr. John Lieou:** I don't have that.

**Mr. Michael Harris:** You don't have that?

*Interjections.*

**Mr. Michael Harris:** No one has that number? You have no idea what it costs to operate the UP Express on a monthly basis?

**Hon. Steven Del Duca:** At this point, here at committee, no, I don't.

**Mr. Michael Harris:** You've never been told what it roughly costs to operate on a monthly basis?

**Hon. Steven Del Duca:** It is possible, let me stress, that I would have heard at some point what an annual operating cost is, but I don't remember what that number is right now.

**Mr. Michael Harris:** Does somebody here from the ministry have an idea of what the annual projected operating cost of the UP Express is?

**Mr. Ian Freeman:** I'm Ian Freeman. I'm the director of finance at the Ministry of Transportation.

I have an annual estimate for the UP Express, and it's approximately \$68 million a year.

**Mr. Michael Harris:** It's \$68 million annually to operate it?

**Mr. Ian Freeman:** Yes.

**Mr. Michael Harris:** The break-even point would have initially been three to five years, at 5,000 riders a day, at the fare set initially. That's how you got to the three- to five-year breaking point, based on a ridership of 5,000 a day, with the fares that were initially put into place?

**Hon. Steven Del Duca:** From my recollection, it was 5,000 and growing. It was 5,000 by the end of the first year and then growth after that, beyond 5,000.

**Mr. Michael Harris:** What would be the projected annual subsidy for the UP Express, based on the \$68 million? You said \$68 million; right?

**Hon. Steven Del Duca:** Sorry. This is historically or—

**Mr. Michael Harris:** We've got the UP annual operating cost. I'm curious to know, what was the forecasted or projected subsidy in the first year, based on that operating cost—

**Mr. Ian Freeman:** Prior to the fare change, it was approximately \$17 million for the current fiscal year.

**Mr. Michael Harris:** So that ended March 31?

**Mr. Ian Freeman:** That will end next March 31.

**Mr. Michael Harris:** This—

**Mr. Ian Freeman:** So the coming March 31: March 31, 2017.

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**Mr. Michael Harris:** Metrolinx: Your first fiscal year-end was March 31. You'd have the number up until then, right?

**Mr. Ian Freeman:** Yes. For the year prior, it was \$7 million, which reflects a partial year.

**Mr. Michael Harris:** Have you had a look at that? Have you updated that number at all based on the first eight months of ridership?

**Mr. Ian Freeman:** We're currently going through the finalization of public accounts, so we don't have the figure yet.

**Mr. Michael Harris:** Minister, would you agree that the fares that were set—the cost for riders—predominantly was the major factor in low ridership?

**Hon. Steven Del Duca:** Look, I said this earlier in one of my answers to one of the questions that you asked: I think that when you're introducing a brand new service into this region that nobody has ever had the chance to experience, that presents a challenge. I think that we continue to need to do a better job around the signage and way-finding, though I believe that it has improved, from what I've seen first-hand. But I know the team at Metrolinx understands that we have to continue to move forward aggressively in that regard.

I think part of that is also some of the promotional work that's required. I know you pointed out some of the promotional materials that you've seen yourself. I think continuing to spread the word to drive people to this service, so that they can have the chance to experience it and—as I'm fond of saying—fall in love it, which most people who have taken it do, is all-important.

I recognize that, obviously, we made the decision, in advance of March break, to reduce the fares to make them more affordable for people living in the west end, people who are travelling downtown and people who are visiting our region.

From my perspective, there is no one single cause. I think it was a collection of a brand new service—better way-finding, better promotion and reducing the fares, so that we can be on a stronger footing with this service going forward.

I think that, in the earliest weeks and months, we see that ridership has grown. But as I said at the very outset today, from your first questions, it doesn't mean that our work ends. Regardless of any of this, we have to continue to work hard, keep our sleeves rolled up, drive more people towards this service and continue to support it.

**Mr. Michael Harris:** Have you ridden on the UP Express, aside from the days when you've opened it up?

**Hon. Steven Del Duca:** Aside from the day that I opened it up, yes. The one thing that I have not yet man-



aged to do, despite my best efforts, was to give my daughters the chance to ride on the train. I'm anticipating, one day soon, that we're going to be able to hop on the train at Pearson and head down.

**Mr. Michael Harris:** I'll send a coupon for you.

**Hon. Steven Del Duca:** I appreciate that. If you have a coupon for Ripley's Aquarium, I'd take that one, too.

*Laughter.*

**Mr. Michael Harris:** I know, vice versa, totally. Thanks, Minister.

**The Vice-Chair (Miss Monique Taylor):** Ms. DiNovo, you have about 12 minutes.

**Ms. Cheri DiNovo:** Thank you, Minister, for being here, and deputy ministers et al.

I just wanted to first of all share a bit of the feedback that I get in my riding about Metrolinx. It's not just my riding; I hear from people in Mr. Dong's riding, from Mrs. Albanese's riding and from Mrs. Martins's riding as well. If there were a theme to that response—this is going back eight years, and I've been in office for 10 years—it's that they're unresponsive; that this is the agency that has caused property damage to them, if they live near the tracks, and that still rings bells every 15 minutes and keeps them awake at night and doesn't respond when they complain; that this is the agency that plowed ahead with diesel trains when the community was asking for electrification from the get-go; and that this was an agency that didn't listen when people said, "We need more stops. We need more affordable fares. Wouldn't it be nice if this were a relief line?"

From what you're saying now, basically, the feedback that we've been hearing for lo these many years is, in fact, part right: The fares were too high and the agency hasn't been as responsive or transparent as it should have been. That's the feedback that I'm getting.

I just wanted to also point out some of the figures here. You talk about a daily high for the UP Express, for example, of 4,950. I think that was the figure. If we compare that to the 504 streetcar, which runs along King Street, they get 53,000 riders a day. The Dufferin bus gets 44,000 riders a day.

Residents in downtown Toronto: It might be fair if they asked, "Why all the money into the UP Express when we still can't get to work because the 504 and the Dufferin bus are so crowded? Why the priority of this premium express service for folk who can afford it," because basically that's what it is, "over our needs as commuters just trying to get to work and who desperately need a relief line?" This points, again, to a problem with Metrolinx, which is their interaction with the Toronto Transit Commission on an ongoing basis and how those two agencies communicate with each other. For example, when new builds are happening, like the Eglinton Crosstown, how is that going to be maintained? Who will maintain it?

Again, coming back to Metrolinx and its operations as an agency, none of this is new. I've been through a few transportation ministers before yourself, sir, and we've had this conversation over and over and over again in the

same context. What I'm saying really is just out there; it's fact.

The question—and this is building off what my colleague said over here in the Progressive Conservatives, the official opposition party—is if, for example, UPX continues to lose money, continues not to add ridership at the rate to which it will ever be self-sustaining, what are the plans in the future for this line that may just never be functional? You must have thought about this.

**Hon. Steven Del Duca:** I'm going to use the word "preamble" not to be disrespectful. I appreciate the preamble and you and I have had a number of bilateral conversations, and certainly you've done a great job of holding my feet to the fire in the Legislature on some of these issues.

I would be remiss if I didn't acknowledge that, historically over the last number of years, at least the last eight, there have been challenges. I said earlier with respect to one of my answers to Mr. Harris that when you're building transit, I don't know of a jurisdiction anywhere in North America, where the transit investment or infrastructure investment plan is as considerable as ours, where there isn't significant disruption felt by people living in communities along the way. That doesn't mean that the concerns that they're expressing shouldn't be respected, shouldn't be acknowledged and that we shouldn't continue to do or try our best to do the best job possible to be responsive.

I've served now as an MPP for just under four years. I have heard from colleagues of mine, who have been around for a longer stretch than me and who have historically had challenges, that they do feel that it has gotten better and that there have been lessons learned. I don't think it means that our work ends or that we've achieved any level of perfection as it relates to not being as disruptive and being 24/7/365 or as responsive as some people would feel that we need to be because of how much disruption they're feeling in their daily life in their home or in their business if they're near one of the projects that we're working on. But I believe it has gotten better. I believe we have to do more. Frankly, given how much more we intend to build along, for example, all of our GO corridors, Metrolinx and we at MTO know that the challenges will actually not shrink; they will continue to be significant. All of us have to collectively up our game to make sure that we are being as responsive as we possibly can be.

On the question itself with respect to the UP Express, I would say that I think it's very encouraging that ridership has grown. I think the fact that it is a more affordable option for people living in the west end of the GTHA or people who are travelling from Union all the way to Pearson or vice versa has definitely had a positive impact. I know that I said this earlier: Anecdotally, I have friends who live in the west end who are now using it to get to Union in a much shorter time period, for somewhere in the neighbourhood of \$5 to \$6 if you have a Presto card, for example, which yes, is more expensive than the TTC, but it's also a service that would get you to



Union much quicker than a traditional TTC route might. From the perspective of that value proposition for some of those folks, they acknowledge that the extra couple of dollars they're paying are worth it because they're saving time.

I completely respect the premise of the question, around what does it look like in terms of the service being self-sustaining? Obviously, that's the goal that we have—I'll speak for myself—not only as it relates to the UP Express, but also when we look at GO regional express rail. What we anticipate will happen in the outer years when we're running trains all day long during off-peak periods in particular—there's exciting potential there with respect to revenue that's going to be generated to help support the overall system. But I think we do have to recognize that whether we're talking about the TTC, York Region Transit, Waterloo transit or virtually all municipal transit systems that we have in the province, they are all subsidized. They are all subsidized not for three years, not for five years, but essentially in an ongoing manner. I don't think anybody, in a perfect world, would want that to necessarily be the case, but it is effectively the status quo.

So we will continue to do our best to driver ridership towards the UP Express. We'll continue to support not only the city of Toronto with the investments that we're making already, from the Crosstown to the Finch LRT to the \$416 million, for example, for streetcars, and the fact that a number of other projects remain in Metrolinx's next wave of transit projects and a number of those are here in the 416, and the fact that our commitment towards the—

**Ms. Cheri DiNovo:** Excuse me, Minister. If I could, quite quickly, because there's limited time left—in terms of subsidization, absolutely. Certainly, we in the NDP think that transit should be a right. We have a right to transit, to be able to commute at an affordable price.

In that regard, it used to be done that 50% of the operating cost of the Toronto Transit Commission was uploaded. This was set aside during the Harris era; it has never been brought back. That alone—from all of our city councillors in the city of Toronto—would make a huge difference in how the TTC could function, first of all with its deficit, because it has one—and second of all with moving ahead in terms of providing that transportation to those 53,000 and 44,000 and not the 4,000 that use the UP Express, and also, of course, generate income, because we need it for our economy in Toronto.

Will your government upload 50% of the operating costs of the Toronto Transit Commission?

**Hon. Steven Del Duca:** I think it's really important, when we're talking about some of these issues, to make sure that we do our best to look at the entire picture—look at it holistically. I think that, whether we're talking about the gas tax funding that we provide province-wide to those municipalities that have transit systems—I think this year it was \$332 million, if I'm not mistaken, and because it is based on a combination of population and transit ridership, more than 50% of that flows to the city

of Toronto—\$5.3 billion for the Crosstown, \$870 million for the Spadina subway extension, \$416 million for the streetcar purchase, funding commitments in place to help resolve some of the transit challenges or support for the Scarborough subway. I mean, I could continue to talk about the billions of dollars we're going to invest in the GO network within the 416 itself to help support the RER vision that the Premier and I and others in our caucus have, which will in turn benefit people in Toronto because they will have that fast and frequent electrified service within that decade that we committed to, plus the Union Pearson Express.

I think, if we're looking at the totality of the picture here over the last 13 years—and we're just looking at Toronto, not even the entire region—it has literally been in the order of magnitude of billions of dollars that the provincial Liberal government has invested in transit in the 416. I certainly—

**The Vice-Chair (Miss Monique Taylor):** Sorry, we have two minutes until recess, okay?

**Hon. Steven Del Duca:** I was just going to say, I've heard the concern about the operating and support for that, but right now, our focus and my mandate letter from the Premier is about making sure that we build out more and put more service out there for the people in Toronto and beyond. That's what I'm focused on.

**Ms. Cheri DiNovo:** So the answer is no. Thank you, Minister.

**The Vice-Chair (Miss Monique Taylor):** With it being 10:13, we will call recess until after routine proceedings this afternoon.

*The committee recessed from 1013 to 1554.*

**The Vice-Chair (Miss Monique Taylor):** Good afternoon, members. We are here to resume consideration of vote 2701 of the estimates of the Ministry of Transportation. There is a total of six hours and 17 minutes remaining.

When the committee recessed this morning, the NDP had 19 minutes and 30 seconds left in their rotation.

Ms. DiNovo, the floor is yours.

**Ms. Cheri DiNovo:** Thank you, Chair, and thank you, Minister and ministry staff, for being here.

I was at a very interesting community gathering for Cycle TO in my riding, with a number of cyclists. It was interesting for a number of reasons, but one of them being their question about funding for cycling paths, for new cycling infrastructure, both within Toronto but also across Ontario.

At the same meeting, our new MP, Arif Virani—this is not his portfolio federally, but still—was asked how much federal infrastructure dollars we will be getting in Ontario for transportation. His answer was \$1.5 billion. I guess it's a twofold question. Their question to him and through me to you was, is any money scheduled to go to cycling infrastructure? How much, and what will that infrastructure look like?

**Hon. Steven Del Duca:** Sorry, if I could just clarify, that's of the federal contribution—

**Ms. Cheri DiNovo:** Well, the federal contribution but also what your plans are outside of the federal contribution.

**Hon. Steven Del Duca:** Sure. I'll start with the federal contribution. Obviously, I'm not in a position to confirm at this point in time how the federal money—I think \$1.48 billion is being confirmed publicly by the federal government for the province of Ontario in additional new monies over and above, I guess we can call it, the base-line amounts that pre-existed. I think that's the safest way to describe it. I think Building Canada, which is a federal program—that \$1.48 billion, from what I understand, is a slice of the national \$3.4 billion that the feds confirmed in their budget, again in new money, based on transit ridership. The \$1.48 billion is based on Ontario's share of transit ridership nationally. That's the way that it's being defined publicly.

I think we all, our municipal partners and ourselves, still await details from the federal government with respect to how that \$1.48 billion will flow into the province of Ontario. Again, what I've heard and what others have heard them say publicly is that the calculations are based on transit ridership. With all of these things at every level of government, the devil is in the details. I fully anticipate that our government will continue to work with our federal partners to determine how those funds will flow. I guess that's still to be determined, and that work is being undertaken right now, from what I understand.

In terms of specifically what the province is doing, I think you would be aware—I know you've been a long-time advocate for supporting cycling initiatives and cycling infrastructure. Of course, some in the room will know that for MPP McGarry, who serves as my PA, part of her mandate letter from me is to work specifically on the cycling file. The #CycleON strategy, I believe, if I'm not mistaken, contains \$25 million over three years in it.

Just recently, over the last little while, the \$10 million that we assigned to the municipal cycling infrastructure fund has started to flow. That's \$10 million over two years, specifically to support municipalities that responded to a call from the ministry. I know I had the privilege of making those announcements, so far, in communities like Hamilton and like Orillia, and I know that MPP McGarry and others from our caucus have been literally fanning out across the province to those municipalities that were successful.

I think, whether we're talking about myself; MPP McGarry; any one of my caucus members; certainly my predecessor, Minister Murray; Eleanor McMahon, our caucus colleague from Burlington; and from the Premier to others, there's broad recognition that we need to continue to do whatever we can to support cycling and support active transportation. Part of it is funding. Part of it is also measures like those that we included in Bill 31 around stiffened penalties for dooring and the requirement for the one-metre rule, which I know you're a strong advocate for historically. But again, I don't think our work ends. I think we have more to do.

I've had the chance over the last number of months to meet with representatives from various cycling clubs from different parts of the GTHA, for example, who talked to me a little bit about how we might go forward and improve some of our design processes with respect to how we're building out the infrastructure. So the door is open. We're engaged in that dialogue right now, but specifically it was a \$25-million, three-year fund in #CycleON: \$15 million, sort of, I'll say, at the provincial level to build in more connectivity, and \$10 million over two years, specifically to support municipal cycling infrastructure.

**Ms. Cheri DiNovo:** Minister, how much of that for Toronto infrastructure?

**Hon. Steven Del Duca:** Specifically, out of the municipal cycling infrastructure fund, that \$10 million over two years, I know that—I'm forgetting the number now about how many communities actually put forward submissions. It was quite a few, certainly more than \$10 million worth of interest in response to the \$10 million that we put out. My understanding is that Toronto, as it relates to that specific intake, wasn't successful in its application because the application that they submitted didn't necessarily fit with the parameters established by the fund.

**1600**

Having said that, I think that when you look at not only moving Ontario forward, but also where I suspect we'll go with respect to some of the initiatives being undertaken by colleague ministries—for example, how we intend to fight climate change and a number of other initiatives that our government, I'm sure, will be talking about more in the next number of weeks and months—I think there probably will be more to say about how we can continue to improve.

**Ms. Cheri DiNovo:** Some of the cap-and-trade funding may go to this, as well, then? So Toronto may be able to reapply for—

**Hon. Steven Del Duca:** I'm not in a position to confirm that right now, because it's a different ministry, but I think there's broad interest in our caucus to make sure that we're continuing to support cycling—cycling infrastructure and cycling generally speaking.

**Ms. Cheri DiNovo:** Okay. Thank you. My next series of questions is around Eglinton Crosstown and that particular project. The first is: Why is the contracted \$9.1-billion value of the Eglinton Crosstown so much higher than the \$7.7-billion comparator that is shown in the value-for-money document? There's about a \$2-billion discrepancy there. Why is that?

**Hon. Steven Del Duca:** Perhaps others here who are with me today can speak to the value-for-money document, but I would comment, because I have said this publicly in the past, that the design—it's a design, build, finance and maintain AFP project, obviously, that we're delivering. I've talked extensively about the \$5.3 billion that is being invested in this from a capital perspective. I know that we were able to go out to the market and Crosslinx Transit Solutions, the consortium that ultimate-



ly was awarded the contract, brought their creativity and innovation to bear. I've said this publicly before: We actually saw considerable savings—I'll put in quotations the term "savings"—with respect to the \$9 billion or so that they came in at with respect to their bid, and they were ultimately awarded the contract. They are, as we speak, doing the work along the Crosstown, which is, as we all know, a transformative project.

I'm not sure if there is another individual here—Vinay perhaps—who would like to come forward and speak to the difference in those two numbers.

**Ms. Cheri DiNovo:** Right. Thank you.

**Mr. Vinay Sharda:** Vinay Sharda. I'm the director of transit policy at the Ministry of Transportation.

As it relates to the \$7-billion number, that's something we'll certainly take back. The capital construction cost for the Eglinton Crosstown was valued at \$5.3 billion. As part of that, as the minister has mentioned, when an AFP contract is let, the consortia that bid on this are required to also include maintenance and operations within their costs. That is the number that you are referring to, in terms of the \$9 billion—

**Ms. Cheri DiNovo:** So that includes maintenance and operation as well as—okay.

**Mr. Vinay Sharda:** That's right.

**Ms. Cheri DiNovo:** Is it possible that it will go over the \$9.1 billion? Is that a possibility?

**Mr. Vinay Sharda:** At this point, the project is on the budget that it's currently allocated for.

**Ms. Cheri DiNovo:** Okay. Is it possible to get the unredacted Eglinton Crosstown project agreement, including dollar figures? Is that possible, that the committee could have that?

**Hon. Steven Del Duca:** We could look into that. My sense, without knowing the specifics of it off the top of my head, is that portions that may have been redacted probably were done so for reasons that make sense. But I'll look into it.

**Ms. Cheri DiNovo:** Okay. Could that be noted, Jeff, as something that we request?

Another question: Will money from the Trillium Trust be used to pay for part of the Eglinton Crosstown?

**Hon. Steven Del Duca:** I participated in the first announcement that we made. I stood alongside Finance Minister Charles Sousa at the time, where we specifically did highlight—I believe it was in the first tranche as it relates to the—actually, no. I am confusing green bonds with Trillium Trust. Forgive me for that. Vinay can respond to the Trillium Trust portion.

**Mr. Vinay Sharda:** My understanding is, and we can take this back to confirm, that it is not being included as part of this. But the green bonds initiative is being included as part of the Crosstown.

**Ms. Cheri DiNovo:** So the money that is Trillium Trust funds, where is that going, then, as related to Eglinton Crosstown? Is it not involved at all?

**Hon. Steven Del Duca:** To Vinay's point of a second ago, the Trillium Trust monies are not being used specifically for the Crosstown.

**Ms. Cheri DiNovo:** Okay. We understand that Metrolinx will be making payments to Crosslinx during construction, instead of making payments only when the project has reached substantial completion. Infrastructure Ontario has told us, our researchers in the NDP, that Metrolinx will have paid about 85% of the construction cost to Crosslinx, even before the project is completely finished. Doesn't this, in a sense, transfer risk back to the government, since Crosslinx will have less incentive to finish the job on time, having been mostly paid? I've had work done in my house and usually there's a holdback based on getting the project done on time.

**Hon. Steven Del Duca:** Given that Infrastructure Ontario is an agency that falls under the Ministry of Economic Development, Employment and Infrastructure, I'm not sure that I'm best positioned to respond to the specifics of how the procurement is being handled. I know that IO is working on some of that.

I can say, obviously, that we have a very strong and, I guess, proud track record using this form of procurement, if I can speak at a high level, more broadly, because, again, it's not an agency that falls under MTO's responsibility of being able to deliver a substantial portion—overwhelming, virtually—of all other projects on time and a substantial portion also on budget.

As Vinay mentioned just a second ago, on Crosslinx, specifically, it is a project that is currently proceeding as per the schedule and as per all of the other costs that were anticipated to date, so far. I have every expectation that the Crosslinx consortium will continue to do their work in accordance with what's required.

**Ms. Cheri DiNovo:** Okay, but you are in touch—you must be in touch—with Infrastructure Ontario around this kind of discussion?

**Hon. Steven Del Duca:** Well, obviously, it is a partnership. There are multiple pieces in this. I think that we do also have to recognize the uniqueness of the Crosstown project, not only with the costs that are attached to it in terms of the investment that's being made, but—I think that I referenced this in my opening today—it is the single largest public transit procurement or project in Ontario history and one of the largest that's taking place right now, I think, anywhere in North America, if I'm not mistaken.

**Ms. Cheri DiNovo:** Which is why we're so concerned about the possible cost overruns, because they could be considerable.

Just moving on: During the RFQ and RFP stages of the procurement process, bidders are given the government's top price that it's willing to pay for the project, which, in the case of the Eglinton Crosstown, was around \$11 billion.

I guess the question is, why are bidders given this top price? If you look at bids that are made at the municipal level, it's quite different.

**Hon. Steven Del Duca:** Again, I think that—with respect, Chair—this might be moving into a realm that is more the responsibility of Infrastructure Ontario. Therefore, I don't think that it falls under the purview of MTO

directly. I'm looking for guidance as to whether you want me to try and hazard a guess at this, because it's not—

*Interjections.*

**Ms. Cheri DiNovo:** I think they may be talking about baseball or something. We can move on.

You can understand that there is concern about the bidding process here. So although, yes, you're sharing that responsibility with Infrastructure Ontario, surely there's some shared responsibility in terms of this. This is, as you said, the biggest project undertaken by your ministry.

The other concern about it was that there were only two bidders. There were only two bidders, which doesn't seem particularly competitive. Again, any comments on that process?

**Hon. Steven Del Duca:** I think that when you're talking about an essentially \$5.3-billion transit construction project, there are a finite number of companies, generally speaking—even though we're blessed, here in Ontario, to have a world-class infrastructure industry. There are a finite number of companies that have the capacity and knowledge across all aspects of this, because it is a design, build, finance and maintain project.

To be able to pull together all those pieces and be able to bid on something of this size takes a degree of capacity that a number of other participants in the infrastructure world would likely not have.

Again, I don't want to delve too far into responsibilities that fall under a different ministry, but I think that you see, which I mentioned a second ago, that our government does have a track record that's strong with respect to delivering. Whether we're talking about transportation or we're talking about some of the other sectors that we deal with in the infrastructure realm, we have a very strong track record of delivering on time and on budget.

Again, this is a big one. There's no doubt about that. We all know that. But the players involved have considerable experience and they've obviously met the capacity thresholds to be able to bid.

**Ms. Cheri DiNovo:** But part of the problem here, according to those who are looking at it from the outside, was the bundling together of all these small projects to make this kind of unwieldiness. As you say, for such a large project, there were very few people who were in a position to bid upon it.

For example, the Construction Design Alliance of Ontario warned that the Eglinton Crosstown contract was too big and that it bundled together, in their words, a bunch of smaller projects that could have been tendered separately.

As well, the Ontario General Contractors Association predicted that the lack of competitive bidding on the bloated, as they described it, Eglinton Crosstown mega-contract would waste at least \$500 million.

The TTC and the American Public Transportation Association also warned—this was a TTC staff report; I'm going to quote from it—that “there is a very real possibility that such large contracts may actually inhibit

competition and may result in no competition.” To the public's gaze—to our gaze—looking at it from the outside, this seems to be exactly what happened.

**1610**

I guess the other question is, did Metrolinx—this would be in your jurisdiction—or MTO ask Infrastructure Ontario for a report explaining the lack of bidders, how it would affect the quality of the bids, and, if you did, could we get a copy of that report?

**Hon. Steven Del Duca:** I have a ton of experience not only as an MPP but as an individual, prior to becoming an elected official, with respect to the construction and infrastructure community that exists in Ontario. I said a second ago that I think we're very fortunate here in this province because we have a world-leading infrastructure community at all levels—I'll call them smaller players, mid-sized players and certainly the largest players that we have, including some that are involved in this particular project. It goes beyond that, frankly. We have the best skilled tradespeople, I would argue, not just in North America, but compared to anywhere else in the world.

I can understand where some of the associations that you referenced in your question are coming from, but I think that those were likely comments that were made before it was publicly stated by me and confirmed that this was a project that came in roughly \$2 billion below what the anticipated price was for the project.

I think also, when you're talking about these kinds of large-scale infrastructure projects, there's a lot to be said for the economies of scale that are created when you move forward with one piece. We've seen historically that there are other kinds of transit infrastructure projects that are being delivered using more traditional means. We have one currently under way in the GTA right now using a smaller process, if you want to call it that, being managed specifically by the TTC, that is actually behind schedule dramatically at this point in time.

So I get that there are different schools of thought with respect to how these large-scale infrastructure projects are delivered.

**The Vice-Chair (Miss Monique Taylor):** You have two minutes, Ms. DiNovo.

**Hon. Steven Del Duca:** I would only say, if you're looking at the AFP model that we have deployed since 2003 across all sectors, that the numbers actually do demonstrate, in terms of on-time performance and largely on-budget performance, that it's the best track record that this province has ever had in infrastructure.

**Ms. Cheri DiNovo:** So there is no report? Or is there a report and we can't get it?

**Hon. Steven Del Duca:** Is there a report?

**Ms. Cheri DiNovo:** About this conversation between Metrolinx and Infrastructure Ontario and yourself and the MTO about the number of bidders, how the process worked?

**Hon. Steven Del Duca:** There are two things I would say to that. One, I think you're trying to create mystery and intrigue around something for which there is none—because you take a holistic view of how we do our pro-



curement for infrastructure projects, generally speaking. Secondly, there is no report that I'm aware of regarding the topic that you're talking about.

**Ms. Cheri DiNovo:** Okay. No conversations or communications that are documented between yourself and Infrastructure Ontario or Metrolinx on these issues?

**Hon. Steven Del Duca:** Regarding the number of bidders on this project? No.

**Ms. Cheri DiNovo:** Number of bidders, the fact that there's \$11 billion put out there—

**Hon. Steven Del Duca:** On that, though I don't want to delve into IO's work, I'm not aware of the fact that generally on our procurements we post a number or provide a number to the pre-qualified bidders as to what we anticipate the project will come in at. I'm looking at my colleagues to see if that's the case. I don't believe that we do specifically.

**Mr. Vinay Sharda:** We can take that back as well, but I don't think we do.

**Ms. Cheri DiNovo:** If you could and just get back to us, that would be great.

**Hon. Steven Del Duca:** Sure.

**Ms. Cheri DiNovo:** Thank you.

**The Vice-Chair (Miss Monique Taylor):** Minister, you have 30 minutes to respond.

**Hon. Steven Del Duca:** Fantastic. Thank you so much. I appreciate that.

One of the things that I didn't say this morning, which I realized when I showed up here before routine proceedings ended: I thank the committee generally speaking, but I didn't thank all of the staff of the Legislature that are supporting the committee's work and support all of our committees' work, from our researchers to the Clerk and, of course, everyone else involved in this entire process. I wanted to just circle back with some of my 30 minutes to say thank you to everyone else who is supporting the work that happens, not just here at estimates but more broadly speaking with all the work that happens here at the Legislature.

I also want to thank both the Conservative and NDP caucus representatives here so far. I know we still have a fair bit of additional ground to cover and I'm looking forward to that. But I do want to thank them for their interest and for the questions that have been posed thus far. Obviously, in keeping with some of the concerns that have been expressed to me by both opposition caucuses over the last two years, if I could step back and finish off or at least start where I finished off with Ms. DiNovo around questions related to the Crosstown, I think it's important to recognize that over the last couple of years—more than a couple of years now, when we're talking about the Crosstown specifically—this is really very much part and parcel of exactly how ambitious the government's agenda is with respect to the infrastructure that we're building. Something that I've said publicly on many occasions is that not just in the GTHA, but right across the province of Ontario—and I may have alluded to this this morning; forgive me if I'm sounding a little bit repetitive, but I think it's really important to empha-

size some of these points—we deal consistently with a challenge. I call it the challenge of catching up and keeping up. I may have said this this morning; I say it all the time, but it does bear repeating.

Prior to 2003—and this is not a partisan comment, because I would argue that governments of all levels, and of all stripes, by the way, prior to 2003 really had not come to the table with the kind of infrastructure investments that were needed to make sure we could continue to have a strong economy and to make sure that we had a quality of life that the people of all of our communities expect, and I think rightly so.

Since 2003, we've made some significant progress. Again, I could provide a laundry list, as I like to say, of some of the projects and some of the other initiatives that we've supported since 2003. I would argue that in particular over the last two or three years that's really gone into overdrive with respect to making sure we have the resources available to deploy and invest in this infrastructure. And it's not just about slogans. It's not just about what's being called by others "bumper sticker politics." It actually is shovels in the ground, putting people to work, delivering on projects, helping people in all of our communities understand that we actually have a plan and we're building on that plan, which I would argue helps to demonstrate that it's real, which is really important. Because whether we're in Hamilton or in the GTA or in northern Ontario or we're right downtown in Trinity-Spadina—anywhere in the province—I think it's understandable in one way that people would sometimes take a step back and say, "Can governments, working together, hopefully"—or in some cases not working together—"Do they have a plan? Can they get it right?" There's a bit of a credibility deficit. It's not about any one government. This is about government at large and what that means.

To have a plan that we are following through on—to talk about the investments, yes, but to actually put those investments into play, into action—I think is of crucial importance. People here in this region can now see it because the Crosstown, as you know and as others know, is very much a project they can touch and feel. There are obviously disruptions that come along with this kind of infrastructure build-out, but disruptions that will ultimately lead to a transit service through the middle of the GTHA, providing all kinds of connectivity: connectivity to GO lines, connectivity to subways, connectivity to I think north of 50 different bus routes just on the Crosstown itself, which is incredibly exciting for all of the people in this region who rely heavily on the existing transit system that we have.

The same can be said in northern Ontario. I've had the chance now over the last two years to be up to Sudbury and the area around Sudbury a couple of times. I know the excitement that's felt on a regular basis in that community because of the success that we've had with respect to four-laning Highway 69. I know certainly the member from Sudbury, since his arrival in this Legislature, has continued the good fight that was started many

years ago by one of his predecessors and a good friend of mine, Rick Bartolucci, around the importance of making sure that we get this right. Piece by piece, segment by segment, there is considerable progress that's being made. I know that just over the last number of months, more elements or components of the four-laned Highway 69 have come into service, and more will be coming into service over the next year or two, which I know is exciting.

If I can talk for just a moment about northern Ontario specifically, I think that speaks to a government that understands, as our Premier is fond of saying, that this is not about the north versus the south. It's not about urban versus rural. This is about creating one Ontario, and we mean it and we back it up, not just with pledges or commitments; we back it up with real money. The amount of investment that has been made over the last 13 years in our northern highways program—though I am a relatively new MPP, that amount is considerable. Our colleagues from northern Ontario will tell you that they can remember a time when investments in a northern highways program were, by comparison, significantly smaller.

1620

We obviously know exactly how massive the geography is of this beautiful province in which we all reside. We know we have more work to do. The fact of the matter is, whether we're talking about bridges, whether we're talking about additional roads or support for roads, whether we're talking about additional support for First Nations in northern Ontario and remote communities, whether we're talking about the commitment that our government has made around unlocking the potential of the Ring of Fire and so much more, we know that we have to do more. But we are making considerable progress.

Over the last couple of months, I've had the chance, for example, to be in the wonderful community of Puslinch—not that long ago—where I stood alongside the member who's represented—I believe Wellington—Halton Hills is the correct name for Mr. Arnott's riding—someone who has advocated, along with Ted McMeekin and Liz Sandals, for a number of years for a project that's known as the Morriston bypass. That was a really wonderful example of a local and regional business community—sort of a multi-partisan effort—and municipalities all coming to the table to say, “We have a significant challenge in this part of Ontario. It's hampering the quality of life of the people living in Puslinch, living in Morriston, living in the area around those communities in terms of their experience or their quality of life.” But it's also hampering the economic development of the region, whether you're coming out of the Hamilton harbour trying to get up to the 401, whether you're coming out of Guelph, whether you're coming out of that entire area around Aberfoyle, where you have major plants—Nestlé, Maple Leaf and so many others—that just want to be able to safely access some of our infrastructure or some of our transportation corridors, in this case, the 401.

Anyway, suffice it to say that because of that groundswell of support, because, on its technical merit, there

was a defined need there—this is just one example—MTO, as a result of budget 2016, was in a position to announce that we are confirming we are going forward, for example, with the Morriston bypass. And I don't mind telling a story, because I think I still have time—

**The Vice-Chair (Miss Monique Taylor):** Lots of time.

**Hon. Steven Del Duca:** That's good to know—lots of time. Fantastic. I have lots more to talk about, so that's encouraging.

To be able to be in Puslinch at their community centre shortly after I stood alongside both Ted McMeekin and Liz Sandals at the Aberfoyle GO bus station—which recently has been expanded dramatically to serve those growing needs in that part of our province—and to go into the Puslinch Community Centre, where I expected, to be fair, maybe a dozen or maybe two dozen people would be there—it was the middle of a weekday afternoon. I don't think it's an exaggeration to say that there must have been somewhere between 100 and 200 people crammed into that community centre, from local residents who had been fighting for this particular project now for years to representatives from chambers of commerce, boards of trade, other community-based organizations and local publications; to other political representatives from the municipalities and others; to federal MPs; to, of course, Ted Arnott himself, McMeekin, Sandals—all of us there. Not that I needed convincing about the importance of the kind of investment that we're making in the province's infrastructure, but that was a particularly touching and heartwarming moment: for so many people, cutting across so many different communities, to recognize that we do have an ability as government to move these projects forward, to get it right, to be responsive and to build. That's just one example. We have so many more.

Of course, I had the chance in the Legislature earlier today to respond to a bit of a direct but also very professionally composed and put together question from MPP Vernile, my colleague from Kitchener, talking about some of the challenges that we face in Waterloo region and beyond.

Just last week, I was very happy to stand alongside the Premier in Brantford. Now, the MPP for Brantford, who I did cite in my response to the question today, who I did acknowledge because of his advocacy on this, has for years been working to convince government to move forward with providing GO bus service to the community of Brantford. To have the Premier confirm that, again, as a result of Ontario budget 2016, we are, in fact, able to provide GO bus service from Brantford to the Aldershot GO station in Burlington with a stop at McMaster University, was something—again, the feeling of excitement and enthusiasm at the Brantford bus terminal was palpable. Mayors were there and other municipal representatives. People who had been standing alongside MPP Levac, Speaker Levac, for a number of years on this particular project were actually—I don't want to say overcome with emotion, but there was emotion there,



very, very positive emotion, because they had seen not only the fruits of their labour in terms of the advocacy itself, but they also recognized that whether you're off to university or off to college, you want to connect into the greater Toronto and Hamilton area. You want to connect into GO regional express rail, which will be delivered along Lakeshore West out to the Aldershot GO station, as per the RER plan that we announced in April 2015. There's just tons of excitement there.

A couple of days later, I was in Cambridge to stand alongside the MPP for Cambridge and announce that we're adding additional GO bus service for the community of Cambridge into the Milton GO station. To see representatives—not only the mayor of Cambridge but also Regional Chair Seiling and other municipal representatives—there with us to not only applaud that achievement, that announcement, but to provide recognition to us that we're moving in the right direction with respect to some of these investments, helps to underscore not only that we've already done quite a bit but that we continue to move these files forward in the right way.

I would also say that over the last few months, I've had the chance to do a number of transit and transportation town halls in a variety of communities. Again, as someone who is proud to have lived in this region my whole life, it really does help to give you a sense of exactly how vast and varied the challenges are that we face in communities right across the province as it relates to these transportation issues.

I want to thank the MPPs who have managed to host some of these town halls so far. I look forward to doing additional ones.

I remember last summer or fall—I'm looking at MPP Kiwala. I forget exactly what the date was, so forgive me for that. It was fall, and I was with MPP Kiwala on Wolfe Island, where we had the chance to meet with a couple of hundred, a few hundred, of your constituents and people from neighbourhood islands who were very determined to be there with us that night, to convey in very direct and clear terms to the Minister of Transportation that they were feeling a sense of frustration about some of the issues relating to the ferry system that MTO supports and provides for eastern Ontario.

I know that because of their very down-to-earth and direct conveyance of that information to me, and because of the continued advocacy of MPP Kiwala, we were not only able to get the Wolfe Islander ferry back into service according to the commitments that were made in the aftermath of that town hall, but we also did provide in Ontario budget 2016 some additional news about additional ferry services that are much needed for that part of Ontario. I recognize that there is still more work to be done in that regard.

It's interesting to note that that was a momentous occasion for a couple of reasons. One, it was personally my first time on Wolfe Island. It was a really educational opportunity for me to hear directly from people who did feel some degree of frustration. But it was also the night of the infamous Jose Bautista bat flip, because it took

place on the same night as that game. In fact, in the audience, while we were in the midst of hearing a fairly passionate exchange or passionate intervention from some of the people, others who were watching, I guess, or perhaps following Twitter and seeing what was happening in the game, erupted in cheers. I thought maybe it was my presentation that triggered some of that reaction, but, alas, no, it wasn't mine and it wasn't MPP Kiwala, although I think we did manage to do all right that particular night.

I've done similar town halls in the riding of Davenport. I know that MPP DiNovo was in attendance that evening. That was another one that was very well attended. Certainly, I've done one in Liberty Village with MPP Dong. I look forward to doing additional ones. I've done them right across not only the GTHA but beyond.

Not that I needed convincing, but it does really help to reinforce how important it is that we get this right—that we get the transportation planning, and the delivery of more transportation service, right. It's one of the reasons, having been out to a number of communities—for example, we were able to re-establish a stand-alone Connecting Links program at the Ministry of Transportation. There are 77 communities across the province of Ontario, including municipalities like Barrie, like Guelph, like so many others—Sault Ste. Marie, Timmins, Windsor—the list goes on. It's a fairly significant list of communities that have, by definition, Connecting Links within their municipal boundaries. A few years ago, a decision was made to take Connecting Links, as a program, and fold it into a larger opportunity for infrastructure funding.

What we heard over the last couple of years, both at AMO conferences and at ROMA/OGRA conferences, and in bilateral meetings with municipalities, was that it wasn't responsive enough to their needs to put all of the funding into one larger bucket and then make them choose between whether they needed to support this kind of infrastructure or their Connecting Link.

#### 1630

Thanks to Moving Ontario Forward and thanks to the Premier's leadership, we were able to create that stand-alone fund. Then, the really exciting news is that we were able to more recently announce that we weren't just going to have that fund; we were going to actually increase the size of the funding available. I believe it's by the third year—I want to say by next year, but I could be wrong about that—that it's going to go from \$20 million up to the \$30-million mark on an annual basis going forward, which is really exciting news.

When you think historically about that fund—I know there was a bit of a challenge with some communities who felt that they had somehow missed an opportunity because they weren't successful with the first intake. So the message that we've been able to convey back out to those communities is that there's nothing to worry about. It's an ongoing annual fund. There will be intakes on an annual basis. There will be another intake for the next round of Connecting Links funding that will be opened up in the relatively near future.

This is significant for a number of these communities because, if memory serves me correctly, the maximum funding available is \$3 million from this stand-alone program, which, when you take into account some of the needs that exist out there—I've seen this first-hand in some communities where I've had a chance to go and actually look at the Connecting Link itself—it is money that I know will be invested very wisely by these communities.

And this list goes on. I've had the chance now to be in different parts of eastern Ontario, where I know that, beyond the ferry infrastructure that's required around Kingston and the Islands, from Wolfe Island to some of the others, I've had inquiries and interventions from members on all sides of the Legislature about some of the challenges and needs that their own constituents face with respect to making sure that we continue to invest in roads, highways, bridges and all of the other crucial transportation infrastructure that we need for a strong and growing economy. I have every expectation that we're going to be able to continue to provide assurances on the one hand that we will continue to move in the right direction, but real dollars, real investments, real shovels getting into the ground to do more.

Certainly across other parts of northern Ontario, I know one of the focal points is making sure that we're in a position to continue to four-lane crucial portions—or important, strategic portions—of the Trans-Canada and 11/17. We did reference again in this year's budget that there is funding set aside for some of the continued four-laning of 11/17. Having spent some time, as I think we all have, in parts of northern Ontario, I think we all recognize that there are significant design and construction challenges that one confronts when building in that kind of geography, that kind of terrain.

But I know, being the minister of a ministry that has a 100-year tradition of making sure that we do build well, that we do build in a very world-leading way here in this province of Ontario. We'll continue to be humbled by that geography that our province has, but we'll also continue to endeavour to make sure that we are four-laning where the needs are. In particular, when you consider that we now have a federal funding partner that understands the importance of making these kinds of investments, we will continue to show fairly significant progress across the north as it relates to some of that crucial infrastructure.

Earlier today, I know that I did reference in passing some of the municipal transit investments that are being made. I know that there's a ton of excitement in Ottawa; this is obviously relating to the Ottawa LRT project that all three levels of government are participating in with respect to providing funding. I had the chance a number of months ago to be in Ottawa when there was an official unveiling of what was called the mock-up of the actual LRT vehicle, the LRV that will be deployed in their brilliant red and white colours—very patriotic, which one would expect to see, I think, in our nation's capital.

But it was kind of a take-your-breath-away moment. The reason I put it that way is because one of the

challenges for a lot of people who live in different parts of the province is that we've never had a functioning LRT in Ontario. It's transit technology that we're not particularly familiar with. We're used to subways, we're used to buses, we're used to streetcars if you're from Toronto, but we've never actually had the chance—for most people who've spent their lives here—to take an LRT. So with all of these LRT projects actually under way in terms of the construction, and with the delivery of the LRTs in Ottawa, in Waterloo region, along Eglinton, along Finch, ultimately along Hurontario and Mississauga and, of course, in Hamilton itself, and as we go forward with these projects and put them into service, and as people in these communities, in our communities, have the chance to actually hop on the LRT and see exactly how it functions so well and how it provides that connectivity that I talked about a little bit earlier today, I think that will help a great deal with respect to those who may still remain, in this province, a little bit skeptical about this kind of transit technology, which I think everyone in this room recognizes is used right around the world and used very well right around the world. So it's a very exciting time because in the next number of years—in the near future—we are going to see some of these LRTs start to come into service. I think, again, that will only help to reinforce the notion that we're moving in the right direction and that we're getting it right.

I will also say, as someone who serves as an MPP for a community that's served by GO, if I can pivot back to GO—Chair, can I just ask how much time I have left?

**The Vice-Chair (Miss Monique Taylor):** You have eight minutes—just shy.

**Hon. Steven Del Duca:** Sorry, how much?

**The Vice-Chair (Miss Monique Taylor):** Just shy of eight minutes.

**Hon. Steven Del Duca:** Okay, great. Thanks.

As someone whose community is served by GO Transit, specifically by the Barrie GO line—but I think this is true of all of the corridors that we have in the network—I will tell you that I hear loudly and clearly from my constituents how much they love the GO Transit service and how much more they want to see. I think that's one of the other reasons that our GO regional express rail plan is really going to provide that game-changing outcome for the people of this entire region and the people of areas just beyond the GTHA, like Waterloo region and all the way up to Barrie, of course, on the Barrie corridor itself, because we know what the gridlock on our roads and highways looks like. We've experienced extraordinary growth over the last 20 years. I mentioned earlier today that we anticipate considerable growth in terms of population for this region over the next number of years. So we have to be in a position to provide more options and more options that make sense.

I've talked a lot about connectivity today. I think that's one of the most important things: making it easy for people to be able to access transit, higher-order transit in particular. A sense that it's predictable and a sense that it's reasonable, affordable, accessible: I think those are all



things—dependable, I guess, in some respects. I think those are things that all have to be taken into account. They have been, when you look at our transit investment plan for the next few years.

The day that I was in Brantford, just last week when we were talking about GO buses, I heard from others in the community who have some really fascinating ideas, talking about how we've now managed, with GO buses, to connect Brantford into the greater Toronto and Hamilton area. But what else can we do in that part of south-central and southwestern Ontario to establish more connectivity beyond just the GTHA into some of the other communities that exist just beyond to the west, just beyond to the north, just beyond to the east?

It's really interesting, from my perspective. Whether we're talking about the cycling infrastructure, where the dollar figure amounts were important but not billions—you know what I mean? Hundreds of thousands of dollars, low millions—the excitement that those announcements generated in the communities that are receiving funding for municipal cycling infrastructure, not unlike—and this is where I was going to go, talking about providing additional connectivity for communities beyond the GTHA, particularly rural communities. The community transportation pilot program that we announced—in the first instance, the million dollars that we set aside to invest through that. I believe we then doubled that to \$2 million, if I'm not mistaken.

Being in different parts of the province where communities were receiving—again, I don't mean to make it sound like it wasn't significant—relatively speaking, small or smallish dollar figures, the creativity and the innovation that these communities were demonstrating with respect to how they planned to take that investment and deploy it to provide people in their communities with more connections, more options and more transit was actually something that I found extraordinarily impressive. That goes to show you sometimes, that, yes, we do need to make sure we keep investing the hundreds of millions and the billions in the crucial transit infrastructure that we need: the LRTs, the BRTs, GO regional express rail, and the list goes on. But for a number of communities across this province, support that's smaller in scale, and also support by way of expertise flowing from the ministry, which has a ton of internal expertise, is something that can actually go a long way to help support those larger investments. I know that we still have more work to do.

1640

I talked earlier today—quite a bit, actually—about GO regional express rail. We also have a number of other communities that continue to look for an ability to have GO, whether it's GO bus or GO train service, come to their communities. I've certainly heard loud and clear from municipal representatives and our colleagues about the need to look at some other areas of the province.

The budget wasn't silent on it this year. The budget explicitly talked about the continued work that we are undertaking with our freight rail partners, CN and CP,

and looking at other options pending reaching agreements with them, and looking at some of the other internal approvals that we have to deal with.

We're talking about communities that have—

**The Vice-Chair (Miss Monique Taylor):** You're at the three-minute mark, Minister.

**Hon. Steven Del Duca:**—thank you, Chair—communities that have now pressed ahead very aggressively, from Bowmanville to Niagara Falls. Obviously, we've heard loud and clear from Waterloo region and others about the need to make sure that we get it right.

This is all to say that whether we're talking about northern Ontario—and the roads, bridges and highways that we need to continue to support, which we will, whether we're taking about road use or safety, which cuts across every single community regardless of size: making sure that we get that right, making sure that we maintain the very proud and well-deserved safety record that we have on our highways, over the last 13 years in particular and making sure that we continue to invest in those signature transit projects in more densely populated areas like the GTHA and others.

This is all to say that I really and truly believe—I don't think it would come as a shock to the opposition members—that I think we're moving in the right direction. I think that there is broad recognition from all parties that we need to continue to build the province up. We need to continue to move the province forward. We do need to do as much as we possibly can to provide people with as many transportation options that are safe—and, again, accessible and affordable—for them going forward. It's important for us economically. It's important for our short-term quality of life.

It's important, as I referenced earlier today, in our fight with respect to climate change, which we all recognize—and the Premier said it in the Legislature today—is a significant challenge that we face on a global scale. But each of us has a role to play in that fight. Again, transportation has a significant responsibility as a sector here in Ontario, because we represent roughly 34% or so of all of the GHG emissions that are currently produced in the province.

Just to echo some of what I said earlier today, I think tremendous progress has been demonstrated. But I can tell you, heading up a ministry that, again, is past the century mark, that we haven't managed to make all the progress that we've made for those 100 years by resting on our laurels. We haven't in the past; we're not currently. I can guarantee this committee that going forward for the months and years ahead, we'll continue to keep our sleeves rolled up and work together with all of you to make sure that fundamentally we are getting this right.

**The Vice-Chair (Miss Monique Taylor):** We'll now move into 20-minute rotations beginning with the official opposition and Mr. Harris.

**Mr. Michael Harris:** I'm going to carry on with the UP Express. I couldn't help but chime in, perhaps. I know the member for Kitchener Centre asked a great question this morning. Unfortunately, she didn't get a

good enough answer. I was kind of hoping maybe even a late show would probably be more appropriate.

**Hon. Steven Del Duca:** I could elaborate on the answer, if you would like, a little bit.

**Mr. Michael Harris:** I'm just curious on what you would tell Kitchener-Waterloo folks when you boast about GO service in Brantford. How many people in Kitchener-Waterloo, do you think, will drive to Brantford to get on the GO bus?

**Hon. Steven Del Duca:** That's a great question. We obviously have an existing service that provides the region of Waterloo with GO Transit opportunities. I think you know—obviously my colleague knows—

**Mr. Michael Harris:** Will people drive to Brantford to get on the GO bus? The announcement in Brantford: Was that great news for people in Kitchener-Waterloo?

**Hon. Steven Del Duca:** We also did mention, of course, that we're expanding GO bus service out of Cambridge as well. You would know, because—

**Mr. Michael Harris:** So how many people in Kitchener-Waterloo are going to drive to Cambridge on the GO bus?

**Hon. Steven Del Duca:** I forget the specific page in the budget now; I want to say page 71, I could be wrong about that. But page 71 in Ontario budget 2016 explicitly talked about our plan to continue to have dialogue with CN and CP to unlock, in my words, the potential in its entirety of the Kitchener corridor and the Milton corridor.

I think it's important to recognize that, notwithstanding our efforts to make that happen for your region, you voted against the budget, as you have consistently for the last few years, which is unfortunate. I'm sure you have a good explanation for why you don't want to see more GO service for Kitchener and Waterloo and you don't want to fund that additional GO service. Having said all of that—

**Mr. Michael Harris:** We'll come back to this. Anyway, I think I've got the answer.

This morning, we talked about the UP Express. The gentleman—I'm sorry; I don't recall your name. You'll probably want to come back up because I'd like to get into and clarify some of the fiscal numbers that we had talked about.

He had mentioned the annual operating cost of the UP Express at \$68 million. Is that correct?

**Hon. Steven Del Duca:** Sounds right.

**Mr. Michael Harris:** So for the last fiscal year, which would have ended March 31, what was the budgeted subsidy for the UP Express, ending, I guess, this past March? He said—was it \$17 million or \$7 million?

**Ms. Linda McAusland:** Seventeen million.

**Mr. Michael Harris:** It was \$17 million. So for the portion of June 1 to the end of March, \$17 million was the subsidy. What is the forecasted operating cost in this fiscal year?

**Ms. Linda McAusland:** It's a total of—

**The Vice-Chair (Miss Monique Taylor):** If you could just identify yourself for Hansard, please.

**Ms. Linda McAusland:** Oh, I'm sorry. I'm Linda McAusland. I'm the CAO for the Ministry of Transportation.

The total is \$43 million.

**Mr. Michael Harris:** That's the annual operating cost?

**Ms. Linda McAusland:** For UP Express.

**Mr. Michael Harris:** The annual operating cost for this fiscal year, so from April 1—

**Ms. Linda McAusland:** It is \$64 million, of which \$7 million is a subsidy.

**Mr. Michael Harris:** Sorry, \$64 million for this fiscal year? So it's down \$4 million, actually, from \$68 million to—oh, sorry, because \$68 million wouldn't have been a full year.

**Ms. Linda McAusland:** That's right.

**Mr. Michael Harris:** But it's still higher, though, in the first—because that would encompass what? June, July, August, September, October, November, December, and then—so \$68 million in the last fiscal year was the operating expense or cost for UP Express.

**Ms. Linda McAusland:** That's right.

**Mr. Michael Harris:** And you're saying that this fiscal year, for the full year starting April 1, it would be \$64 million?

**Ms. Linda McAusland:** Yes, \$57 million in consolidation and \$7 million in subsidy.

**Mr. Michael Harris:** Okay, and \$7 million. How does it come down? What factors led to \$68 million versus \$64 million?

**Mr. Ian Freeman:** I can answer. So the—

**The Vice-Chair (Miss Monique Taylor):** Could you identify yourself, please.

**Mr. Ian Freeman:** Ian Freeman, the director of finance.

The first year includes some transitional costs such as training and other upfit costs that don't occur in the second year.

**Mr. Michael Harris:** So, I guess for the minister, back in 2012 the AG report talked about Metrolinx's preliminary estimate of the air-rail link—that's what they referred to it as—annual operating cost to be approximately \$30 million. How would Metrolinx's estimate go from \$30 million to \$68 million?

**Hon. Steven Del Duca:** I'm not in a position to know about the 2012 auditor's—

**Mr. Michael Harris:** You're the Minister of Transportation.

**Hon. Steven Del Duca:** Would you like an answer to the question?

**Mr. Michael Harris:** Yes.

**Hon. Steven Del Duca:** Others around the table—I'm happy to look at either the deputy or Linda or Ian, who might comment about what an anticipated plan was. What I can talk about and which I think is important to stress is that notwithstanding what might have been an estimate, I guess I'll say, in 2012, when this service started in June of last year—I said this earlier today and I think it does bear repeating—it was a significant infra-



structure project that was delivered on time and on budget. It is a service, I think, that the people who have had the chance to use it here in this region, both visitors to the region and people who live in this area, obviously enjoy using.

It's a service that has had its challenges, obviously. That's one of the reasons that we decided to move in advance of the March break with respect to a reduction in fares. Even beyond the reduction in fares, and I've said this earlier today, more work is required with respect to promoting the service, and additional support for some of the way-finding and signs that we see both at Union and Pearson. But the bottom line is that we've seen significant uptake in terms of the ridership since the reduction in fares took place just in advance of March break.

I anticipate that we're going to continue to do that work, the work that's required to drive the ridership up.

1650

**Mr. Michael Harris:** Do you not agree, though, that a preliminary estimate of \$30 million in operating costs to the actual \$68 million is a pretty significant—you guys talk a lot about overachieving. This would be maybe underachieving. Would you not agree that that's a significant increase?

**Hon. Steven Del Duca:** I think, actually, in the wording you chose for your question, you effectively hit the nail on the head. That was a preliminary estimate I'd done several years in advance of the service actually being operational. We're talking about four years in advance, and it was a preliminary estimate. We can speak to exactly what the operating costs are in the current sense and what they're projected to be for the fiscal year that we find ourselves in right now.

I think what's most important to people across the region, though, is that we have made the service significantly more affordable so that they actually have the opportunity to use it—again, in a more affordable way. That's why the numbers are growing.

**Mr. Michael Harris:** You got a subsidy of \$17 million last fiscal year, so what would that per-rider subsidy come out to be, roughly?

**Ms. Linda McAusland:** That I wouldn't know off-hand. We'd have to—

**Mr. Michael Harris:** Get back to us on that. Have you calculated what the per-rider subsidy will be this year based on forecasts of ridership?

**Ms. Linda McAusland:** That's something we can look at.

**Mr. Michael Harris:** Have you done a forecast of ridership since you've changed the fare structure?

**Ms. Linda McAusland:** Well, Metrolinx is responsible for the ridership and we do connect with them on a regular basis to recalibrate what the numbers are, going forward.

**Hon. Steven Del Duca:** As I mentioned earlier today, I know that some of the figures were provided by one of the other folks from MTO with John Lieou as it relates to some of the ridership changes that we've seen leading into the price change, and even the ridership numbers

that we've received so far since the fares have been reduced, are preliminary numbers. Metrolinx will continue to refine and do the calibration.

**Mr. Michael Harris:** Back in 2012, the recommendation in the Auditor General's report read:

"Metrolinx should work with the Ministry of Transportation to clearly define the business model under which the air-rail link ... should operate to ensure that the ARL will be a viable and sustainable operation. Given the importance of having a reliable estimate of projected ridership at the various possible fare levels, Metrolinx should periodically update its ridership forecast."

Can you tell me what actions you've done to meet those recommendations of the auditor's report in 2012?

**Hon. Steven Del Duca:** It was hard for me to hear a part of the question, so I apologize for that, but I think that what we did experience over the first eight months of the Union Pearson Express operating was that ridership wasn't where we wanted it to be. Ridership was not consistent. Obviously, we wanted to hit that goal of 5,000 riders per day by the end of the first year of service. At the eight-month mark, we recognized that we had not yet, obviously, achieved consistently that 5,000 riders per day. There was, I think, recognition that we didn't anticipate we would.

Given some of the other challenges, including promotional work, way-finding and the fare itself, that's one of many reasons that we, as I said earlier this morning, made the change to make it more affordable. We're in the process now of receiving what the new ridership numbers look like and getting final numbers from Metrolinx. I anticipate we'll know a little bit more once we've reached the end of the first full year of service, which would be June 6 of this year.

**Mr. Michael Harris:** So you were the minister when the air-rail link or UP Express commenced. Did you get a monthly update in terms of the ridership numbers? Were you given a briefing or update?

**Hon. Steven Del Duca:** Yes. I won't say it was actually monthly; it might have been in some cases more frequently than monthly, or less frequently. I can't remember the frequency, but I was getting relatively regular updates.

**Mr. Michael Harris:** At what point throughout its service did you become concerned yourself about overall ridership numbers to the point where you asked Metrolinx to have a look at the fare structure?

**Hon. Steven Del Duca:** I would say that from my perspective, when you're putting a brand new service into the market, something that you're convinced will work in terms of providing people with that dedicated air-rail link, something that this region has never experienced before—something that, by the way, many other cities, even in North America, don't have by way of a dedicated air-rail link; I know a number of others have as part of their existing commuter transit network connections to their airport.

But I would say that throughout the process, particularly as we headed into the Christmas season, I expressed

on a regular basis—as others did, as well—that we needed to redouble our efforts to make sure that we got the word out there, and that we continue to improve, again, some of the promotional work that needed to be done, some of the signage and way-finding.

I heard anecdotally from friends who were very interested in taking it those few months that it was a bit of a challenge to navigate through parts of Pearson to actually find where the train was. That kind of speaks to some of the challenge around way-finding. Metrolinx certainly heard, I would say, not only my concerns, but other concerns expressed in the region from people who were using the service and were tweeting about it or commenting about it that we needed to do a better job.

**Mr. Michael Harris:** I'm glad you brought up the concerns from folks, because there were reports that were commissioned by Metrolinx. When you became minister, were you briefed on the studies that were done to calculate or suggest the setting of the fares?

**Hon. Steven Del Duca:** I received a briefing relatively early in my tenure as minister—forgive me for not remembering the exact date—with respect to what the anticipated service would look like and what the service would be by way of fare structure, based on global comparisons and a number of other factors.

**Mr. Michael Harris:** Were you aware that Metrolinx has since commissioned nine separate reports? Were you aware that they commissioned that many?

**Hon. Steven Del Duca:** At a high level, yes.

**Mr. Michael Harris:** Have you read any of them?

**Hon. Steven Del Duca:** Have I personally read any of those nine reports since we reduced the fares? Is that what you're asking?

**Mr. Michael Harris:** No.

**Hon. Steven Del Duca:** Sorry.

**Mr. Michael Harris:** Once you became minister, or since being minister, have you read any of the reports that were commissioned by Metrolinx advising them on the fare structure?

**Hon. Steven Del Duca:** I'm aware of them. Have I read the individual reports? No. Have I been briefed on them? Yes.

**Mr. Michael Harris:** I'm just curious: Do you have any idea what these nine reports cost? Can anybody tell me roughly the cost to have nine separate reports commissioned? Can you get back to me on what that cost was?

**Hon. Steven Del Duca:** We can look into that.

**Mr. Michael Harris:** You know what? A lot of the unfortunate problem with the UP Express was the fare structure, which led to the low ridership numbers, yet all of the nine reports that were commissioned basically stated—I'll give you an example. In one of the reports, the Northstar report dated November 7, 2011, said a dramatic decrease in ridership would happen at a fare over \$20.

There is ample advice—I've got a stack here—continuing to give Metrolinx advice that the \$27.50 fare would result in the actual ridership numbers that we were

seeing. Why didn't they take the advice of all these nine studies that they did? Why was your government so fixated on the \$27.50 fare?

**Hon. Steven Del Duca:** I think it's important to recognize, Chair, in the interests of making sure that the committee has all of the information, that the fare with a Presto card prior to the reduction was actually \$19, which from what I recall from fairly elementary math would be below \$20. But I get the point that the member from Kitchener is asking.

**Mr. Michael Harris:** That's just one of them.

**Hon. Steven Del Duca:** I know, but it's the one you highlighted. So \$19 with a Presto card was the fare. Obviously it's now \$9 with a Presto card since we embarked on the reduction in fares.

One of the things—I said this in the Legislature, I believe, when both Ms. DiNovo and Mr. Harris asked questions of me about the Union Pearson Express—is that when you take into account directly analogous air-rail links that are dedicated in other parts of the world, not necessarily broader commuter transit systems that have a stop at the airport, the price point that was originally established for the Union Pearson Express was not, in fact, out of whack.

Having said that—and this is what I said earlier today—I think we know that this is a brand new service for this region. It was trying to break into a region where some of the behavioural practices—understandably, from people like myself, as a lifelong resident of this region—were that we have a fairly set way of getting from wherever we live in the GTHA to the airport. To break through that behavioural pattern requires a few things: (1) getting the service out there, in this case on budget and on time; (2) promoting it in a way that people understand it's there and it's accessible—

**Mr. Michael Harris:** I'm going to jump in, because I—

**Hon. Steven Del Duca:** No, hang on—the way-finding itself, if I can just finish my answer—

**The Vice-Chair (Miss Monique Taylor):** Minister, the floor is Mr. Harris's.

**Hon. Steven Del Duca:** But he has asked a question, and I'm actually in the position of responding to the question.

**Mr. Michael Harris:** How much time do we have left?

**The Vice-Chair (Miss Monique Taylor):** He has the opportunity of whether to continue or not.

You have less than four minutes left.

**Mr. Michael Harris:** I guess I just want to know, of the nine studies that were completed—

**Hon. Steven Del Duca:** To me, to be fair, that's a little bit—if he asks a question, I should have the right to answer.

**The Vice-Chair (Miss Monique Taylor):** I've allowed lots of going back and forth.

**Mr. Michael Harris:** And I've been pretty good to listen to you.



**Hon. Steven Del Duca:** I know you are, but I should have the right to answer questions.

**The Vice-Chair (Miss Monique Taylor):** It's up to him.

**Mr. Michael Harris:** We're getting down to four minutes.

With the nine reports all advising that the fare structure was too high, how come they continued to move forward? Were you told of the \$27.50 then? With all these reports, did you agree, or put your stamp of approval, on the initial fare structure? Were you comfortable with the fare structure, even though all nine reports suggested that if you do, you'll see what you get?

1700

**Hon. Steven Del Duca:** I was comfortable in knowing, when you looked around the world at directly analogous comparisons of other dedicated air-rail links, that this was in keeping and consistent. As I was trying to say in response to the previous question, given that this was a brand new service coming into this region, and, frankly, given that, right off the bat, there was fairly negative media attention that attached itself to the fare, coming from other individuals, other municipal elected representatives in this region—which is fine; that's fair game because that's the system that we live in—it was always going to be a bit of an uphill battle with respect to bringing a new service into the region. There needed to be, and there still needs to be, a very ambitious plan to make sure that we are reminding people that the service is there and that it works really well, in addition to our decision to reduce the fare—

**Mr. Michael Harris:** So whose decision was it to eventually change the fare structure? Was it your office or was it the Premier's office?

**Hon. Steven Del Duca:** There was broad recognition both by the team at Metrolinx and the team at MTO, myself included, that we needed to do something to make it a more affordable option for people visiting the region and for people living in the region, for commuters who wanted to use it through the west end of the GTA, which is what we're seeing.

**Mr. Michael Harris:** Did you ever speak with the Premier specifically about the fare structure at UP Express?

**Hon. Steven Del Duca:** I did have a conversation with the Premier to talk about the Union Pearson Express when we had settled on a game plan to go forward, and I made her aware of what the game plan was.

**Mr. Michael Harris:** Did she express concerns to you that that fare should be reduced?

**Hon. Steven Del Duca:** I'm talking about a point at which we had settled upon a game plan in advance of March break to go after the—

**Mr. Michael Harris:** So you never spoke to the Premier before the fare reduction at all? She never expressed to you that the fares should be reduced?

**Hon. Steven Del Duca:** I personally had one conversation with the Premier. It was shortly before we were making the announcement, once both MTO and Metro-

linx—myself included—had settled on the decision to reduce the fare, to bring it down to \$9 with a Presto card, to make sure that she was aware of it.

**The Vice-Chair (Miss Monique Taylor):** One minute, Mr. Harris.

**Mr. Michael Harris:** Do you think you waited too long to reduce the fees?

**Hon. Steven Del Duca:** You would both remember that in response to both of you, I had said, in the Legislature previously, that we wanted to see—because our goal was to be at 5,000 riders a day by the end of the first year, we made the change in advance of that first full 12 months. I wanted to make sure we had it out before March break to take advantage of some of the travel that would normally occur during March break. We also saw, over the Family Day weekend, when it was free—to be fair, it was free—that the interest was actually off the chart. So I think all of these factors contributed to us making the decision.

**Mr. Michael Harris:** Just finally, on the \$7-million subsidy for this year, that was budgeted. Will that have to be re-looked at, now that the fare structure was reduced? Or was that after the fare structure—

**Ms. Linda McAusland:** That was after. That's in the books. That's in—

**Mr. Ian Freeman:** Sorry. It was before the decision on fare structure.

**Ms. Linda McAusland:** That's right.

**Mr. Michael Harris:** So that number will have to be revisited, likely, for this year.

**Mr. Ian Freeman:** It may have to, based on the forecasts.

**Ms. Linda McAusland:** There may be a pressure we need to manage.

**Hon. Steven Del Duca:** We'll take a look at that. Just to be clear, we'll take a look at that once we have the final numbers.

**The Vice-Chair (Miss Monique Taylor):** Thank you. We'll now move on to the third party, and Ms. DiNovo.

**Ms. Cheri DiNovo:** Minister, to segue from what Mr. Harris was talking about, both he and I were here at public accounts, by the way, when Mr. McCuaig came. When asked directly—at that point, the fare was still in the \$27 range—"Are you considering, or are you looking at, reducing these fares at all?", his answer was succinct. It was, "No."

Within two weeks, I believe it was, there was an announcement about the fares going down. So you can understand the consternation on this side about the way consultation was happening.

This was, of course, after the briefings. All of them said that this fare is unworkable, and this was before the fare was put into place.

Yes, you're right: I was at a town hall meeting in Davenport. It wasn't exactly a happy crowd. One might describe it as an angry mob. But you did an excellent job at defending Metrolinx—perhaps the indefensible, in terms of that crowd and my crowd and many in the downtown core, and you can understand why.

I have over 100,000 riders per day—not 5,000; 100,000—on streetcars 504 and 505 and on the Dufferin bus, who are watching streetcars go by full, getting on subways, watching subways go by full, and yet they see this premium service rattling through their backyards half-empty all the time. That is the source of consternation. Just to paint a picture, that's what I hear, that's what we get in our constituency office and that's what I carry forward.

But I want to not dwell on that. I want to go on to talk about the procurement process, again with Eglinton and others. We've obtained the most recent risk matrix template, which was used for urban transit projects such as the Eglinton Crosstown. Just as before—and this has raised the ire of a couple of Auditors General—the new risk matrix was prepared by a private consultant without knowledge of the project to be procured, the relevant public agency or the relevant private contractor. Yet templates like these are the sole basis for the government's claim that P3s, public-private partnerships, save the government money as compared to traditional public procurement.

Even if the relevant public agency has a 100-year record of always being on time and on budget while the private contractor has a record of bankruptcy, corruption and negligence, this risk matrix will always give a result that says that P3 procurement is better than public. It's just the way it's built. In 2012, the Auditor General, because of that, recommended that Metrolinx rely on the actual past performance of the relevant public agency when comparing the risks of public versus P3 procurement. His successor made similar recommendations in 2014.

My question is: Why have Metrolinx and Infrastructure Ontario—but Metrolinx is part of your division—ignored the recommendations of two Auditors General by relying on a template to justify public-private partnerships instead of the relevant historical data?

**Hon. Steven Del Duca:** As I said earlier, I'm not in a position to comment about Infrastructure Ontario. As you know, it's a different minister.

**Ms. Cheri DiNovo:** Right. But Metrolinx is part of your—

**Hon. Steven Del Duca:** No, that's fair. I just wanted to make sure you didn't think I was avoiding that half of the equation for any other reason.

I would say that in the benchmarking I've seen with respect to how we've done procurement at a higher level, looking across all different sectors, there's very clear evidence that we deliver these projects on time and largely on budget as well.

I think the one thing you have to take into account with some of the Auditors General reports on this—obviously, there's a difference of opinion around the latest one; I say “latest”; it was, I believe, a year or two ago, and forgive me for not remembering exactly when it landed—in terms of what we would argue, and I think rightly so, the cost savings ultimately are to the people of Ontario when we pursue the model that we have versus,

in terms of the risk transfer, in terms of all of those other aspects that ultimately benefit the people, versus what the auditor at that point felt were the additional costs—for example, some of the financing costs etc.

Obviously, there's a difference of opinion around some of those pieces, which I think is on the public record. I've certainly said it in the Legislature; others have. I think even at the time, in direct response to that particular auditor's report, our government was fairly clear that we didn't necessarily agree with those findings.

Having said that, I think you also have to recognize that some of the transportation projects that we've embarked on recently, whether it's the Crosstown or others, don't really have a precedent in Ontario. There hasn't been a \$5.3-billion capital transit project, at least not in my lifetime. I'm 42; almost 43. In that length of time, there hasn't been a project of that size or scope that I know of. Again, when you're talking about that size or scope, or a significant highway project or some of the other work that we do, you have examples where we are on track to deliver, we are delivering, we have delivered and we'll continue to deliver, versus some of the projects on the transit side that are currently under construction in the GTA that are using a slightly more traditional approach that are behind schedule and, it's already being confirmed publicly, will be likely over budget.

**Ms. Cheri DiNovo:** Let me—

**Hon. Steven Del Duca:** The only thing I would say, though—

**Ms. Cheri DiNovo:** Sure.

**Hon. Steven Del Duca:** I want to make sure I stress that you mentioned that it's a 100-year-old ministry. You're right about that. Of course, across a number of other infrastructure projects that we undertake around bridges and roads and highways etc., there is a really great track record at MTO. Not just as a ministry but as a government, we assess on a project-by-project basis what the best approach is. There are internal approvals that we have to go through—

**Ms. Cheri DiNovo:** I just want to pick up on something you talked about: the risk involved. One of the leading bidding partners here was SNC-Lavalin, which was and is part of the Crosslinx consortium and eventually won the \$9.1-billion contract. During the procurement process—and really, for those who read Hansard who are the transit nerds out there, they should know this—SNC-Lavalin was facing RCMP charges for allegedly paying a \$22.5-million bribe to win the McGill megahospital public-private partnership contract. It was also facing separate charges for its links to the Gadhafi regime. If SNC-Lavalin—and just remember, this is one of bidders—the successful one—it would receive a 10-year ban on bidding federal projects after already being slapped with a 10-year ban on bidding World Bank projects due to yet another bribery conviction.

1710

CEO Robert Card said that such a federal ban could be fatal to the company. Also, during this same time, several foreign buyers from Spain and Australia were reportedly



interested in buying SNC-Lavalin. How, if at all—and one's eyebrows go up at all this information—did any of these obvious risk factors, and these are true risk factors, affect the risk assessment of, again, the public-private partnership procurement for the Eglinton Crosstown? We're dealing with criminals.

**Hon. Steven Del Duca:** I'm not going to comment on that allegation; it's not my place to comment on that. I will say that the consortium had multiple partners. Crosslinx Transit Solutions, along with the other bidding consortia, came forward. They responded to the RFQ that was first put out, and then they responded to the RFP. They were in accordance with all our procurement rules and Infrastructure Ontario's procurement rules. They were awarded the contract and achieved financial close, and they are now in the process of building the Crosstown.

It was—I said this earlier today—a bid that came in roughly \$2 billion below what was originally anticipated, which I think speaks very clearly to the creativity and innovation that the private sector brings to bear on these kinds of projects, and—

**Ms. Cheri DiNovo:** Obviously, a lot of creativity, according to the RCMP.

**Hon. Steven Del Duca:** Just to be clear on this, Chair, I want to say that as far as I'm aware, there is no RCMP investigation into the Eglinton Crosstown, which is the project that this ministry is responsible for delivering.

**The Vice-Chair (Miss Monique Taylor):** I can't have you talking over each other. That's all.

**Hon. Steven Del Duca:** I just wanted to make sure that was clear on the record.

**Ms. Cheri DiNovo:** To go on about SNC-Lavalin, they just filed a lawsuit against the McGill University Health Centre claiming \$33 million in damages. This is the same project for which SNC-Lavalin is facing bribery charges. It's called gall, I guess. Should the public worry that Metrolinx may one day find itself being sued by one of its P3 partners?

**Hon. Steven Del Duca:** I'm not in a position to speculate on what might or might not happen in the future. It's beyond the scope, frankly, of the estimates committee.

**Ms. Cheri DiNovo:** Does it not worry you, though, when you're doing business with folk who—

**Hon. Steven Del Duca:** I am not in a position to speculate.

**Ms. Cheri DiNovo:** Okay.

**The Vice-Chair (Miss Monique Taylor):** I'm sorry. We'll have to go back to estimates.

**Ms. Cheri DiNovo:** Certainly, that's part of it. If any of the P3 partners gets into trouble during the construction phase, what is to stop the partner from just packing up and going home, leaving a big hole in the ground where an LRT line is supposed to be? Again, you're dealing with highly leveraged hedge funds that are financed with other people's money, with a prime directive of off-loading risk to everyone else while extracting as much money from the situation as possible, which is their right. They're a company, and they want to make a good return

on their investment. I'll give you an example. A few years ago in Great Britain, the private partners of the Transport for London public-private partnership demanded huge concessions from the government when they got into trouble. Then the government had to pay huge sums of money to take over the projects when the private partners walked away. Do you have no concerns about this with the Eglinton Crosstown?

**Hon. Steven Del Duca:** Again, I can only track back to what I said earlier. We have now—I'm sorry that I'm not remembering the numbers right now, although I did use them in a speech not that long ago—when you look at the AFP projects that have been delivered over the last 13 years across multiple sectors, not just transit and transportation, the independent verification or benchmarking demonstrates that over those last 13 years across all those sectors, we have consistently delivered on time and largely on budget as well.

I said earlier today that I think we in Ontario have a world-leading infrastructure community, and there are a number of examples of that, including within the Crosslinx Transit Solutions partnership, and others—not just that one, but others. And I have every confidence that they will continue to deliver on time and on budget for this project.

**Ms. Cheri DiNovo:** Okay. You live in hope, Minister. I would be a little concerned, and I think taxpayers are a little concerned. Let's move on.

Metrolinx released a fare integration review in September. The review said, "The fare strategy will reflect the value of the trip taken and maintain the financial sustainability of transit services." My question is: Why is value described here only in consumer terms and not in terms of the value of transit to the economy or even as a public policy tool?

**Hon. Steven Del Duca:** That's a good question, but from my perspective those are aspects almost at the philosophical level, which I do respect, that are kind of intrinsic to the larger discussion. They're inherent, but from my perspective, they're implied as part of the broader discussion, and I know that Metrolinx has not only discussed this publicly; they're engaged, in this particular region, the GTHA, with our municipal partners. There's an ongoing conversation around fare integration, and I know that there will be more updates in the coming weeks.

**Ms. Cheri DiNovo:** I know I've talked to you about this, but it's come to my attention, for example, that those with intellectual disabilities—those who are quite disabled—don't get any breaks on their fares; seniors don't. Is there any move to accommodate folk who have special challenges, for example, on transit?

**Hon. Steven Del Duca:** Nothing that's currently planned per se that I could speak to definitively, but I do hear those concerns expressed. I hear them in my own community, and I certainly hear them right across this region and beyond. We're always looking for ways to improve accessibility and enhance the ability people have to use transit comfortably, reliably and affordably. But there's nothing specifically planned at this moment.

**Ms. Cheri DiNovo:** Okay. And back to an earlier question, when I asked about operating versus the construction phase of transit projects: Does Metrolinx think it's possible to integrate fares without offering operating subsidies—that's part one; the second is, how can Metrolinx avoid inter-agency squabbles—this goes back to my earlier question—if it does not offer operating subsidies to smooth over conflicts with respect to fare sharing. If you could talk about that communication issue.

**Hon. Steven Del Duca:** They're both great questions. I think fare integration is contained within my mandate letter, and it's something that I'm responsible for working with Metrolinx to deliver. I think that you would know, and frankly, it's kind of suggested even in your question, that it's a fairly complicated conversation that needs to happen. We have very ingrained practices here in this region, whether we're talking about TTC or some of the 905 municipal transit systems.

On the good-news front, there's not a place that I go from downtown to the outer reaches of the GTHA where there is a lack of desire to achieve fare integration; but with all of these things, the devil is always in the details. The discussions have been ongoing for some time. I know at the board meeting that's planned, I believe for the end of June, there will be additional discussions happening and additional presentations coming out with respect to what some of the models might look like.

But with all other things that relate to—to sound a little bit crass, forgive me—like all other things where we're talking about money and we're talking about how we can make sure that there is an equitable sharing of whatever fare integration might produce by way of a by-product, aside from the fact that we're building that seamless transit network, there will be a challenge on the other side. That's part of the conversation that we have to have, and that we are having.

The other thing I would say is that I think we all do recognize that the goal we have is to drive more people towards transit and to convince more people—especially those who don't currently use it—that they should use it, that it should be an option. Part of it is the infrastructure build-out, and then part of it is that we're going to make it easy for you. So if you've been using transit most of your life, we're going to make it one step easier. If we're trying to convince you to leave your car at home, we don't want you to face too many barriers in using that system.

I feel a very urgent need to deliver on that part of my mandate, but I also know that if, collectively, we inadvertently get it wrong, it has the potential to be counterproductive. So rest assured—

**Ms. Cheri DiNovo:** Like the fares at Metrolinx for UP Express.

**Hon. Steven Del Duca:** —we are working on this one.

**Ms. Cheri DiNovo:** Right. Got it.

The Auditor General's 2012 report commented on the Liberal government and Metrolinx's decision in 2011 to cancel Transit City at the request of Mayor Rob Ford.

Metrolinx had performed cost-benefit analysis to support the Transit City plans—everybody was very excited about it in my neighbourhood—but Rob Ford had conducted no cost-benefit analysis to support his plan. Rob Ford had not even sought council approval to cancel Transit City, and yet Metrolinx agreed to scrap all this planning and start again. So, again, political involvement is at the basis of this question.

The 2014 AG follow-up report says: "Little or no progress" has been made with respect to this recommendation. Indeed, since the 2012 report, Metrolinx has agreed to cancel an LRT line in Scarborough—arguably, to win a by-election. It even endorsed a report that claimed it was feasible to run a subway along the current RT corridor, something that TTC engineers had claimed was technologically impossible.

Often, when I've talked about the way we do transit in this province with people from other jurisdictions in the world, they're aghast at the political involvement—manipulation, some might say—in what should be evidence-based decisions, so if you could just comment on that, the AG's report and her concerns.

1720

**Hon. Steven Del Duca:** A couple of things: One is, in the first round of media interviews that I did in 2014 after becoming minister, I guess in some respects I kind of spoke to that challenge that we faced in the region for most of my adult life and probably longer than that, and that we seemed to settle—as a region, not any one particular politician or government. As a region, we kind of historically seemed to settle on a decision to go forward in a particular direction. Then, either because of an election at some level or a different personality coming onto the scene or a different political party taking over, we cancelled the Eglinton subway, as an example. We filled in the holes that were already tunneled for that project at that point in time.

There are lots of examples of this. Right? You cited some in the opening of your question a second ago. I think that that's one of the reasons that it has been so important for me to get as many shovels in the ground and to get as much transit started in terms of the construction—not just the approval and the announcements that go along with that and the media attention, but to actually get the shovels in the ground and to get the procurements out so that people can actually—two things. One is, it's obviously not impossible, as we saw in 1995, but it's harder once a project is under way, because the people of an area, the people of a region, say, "Well, this is something that we need. It's coming to us and we can see"—

**The Vice-Chair (Miss Monique Taylor):** Two minutes.

**Hon. Steven Del Duca:** —"tangible evidence of that." It makes it harder. It doesn't make transit projects bullet-proof, but it makes them harder to reverse.

Secondly, it helps reduce that tiny bit of a credibility deficit that still exists, I think, out there around whether or not governments at all levels and of all stripes can get this stuff done. So it's important to get as much of this done as possible.



We did, obviously, shift the Metrolinx board. We moved away from having elected representatives on the board to a professional—you know what I'm saying—the professional-based board. I forget the right terminology on that.

**Ms. Cheri DiNovo:** It doesn't look like it's worked.

**Hon. Steven Del Duca:** But you can't have it both ways. You can't tell me there's too much political interference and then, when we move towards a board that's not full of politicians, that somehow we should go back to something like that.

The only thing I would say, though, is that I do believe that it is important for us, as we're making these decisions, to maintain an accountability link between those that we're actually delivering for and how we're making the decisions—evidence-based, 100% absolutely true. Getting as much done as possible, but also recognizing that, ultimately, it's the 107 of us that are accountable to the people, not somebody sitting off in a—and by the way, even amongst transit experts, we know that there are a multitude of opinions about how these decisions should get made.

**Ms. Cheri DiNovo:** Do I have any time?

*Interjection.*

**Ms. Cheri DiNovo:** Just very quickly—really, really racing—looking at the extension, possibly, of the Yonge subway versus a relief line, we've heard mixed signals—again, political signals—as to whether we're going to get a relief line. If the Yonge extension is just built, it will be a nightmare from my thinking and many downtowners thinking, because it's already packed. We need a relief line. Thoughts?

**Hon. Steven Del Duca:** Do I have enough time?

**The Vice-Chair (Miss Monique Taylor):** You've got 20 seconds.

**Hon. Steven Del Duca:** Okay, so I have to say, both projects remain in Metrolinx's next wave. Neither project is shovel-ready today. The only other thing I'll say, which I've said publicly before, is we all have to remember that this is not a 416/905 debate. Gridlock doesn't respect municipal boundaries or postal codes. It's a regional problem that needs regional solutions. We all have to work together to make sure that we find those solutions.

**The Vice-Chair (Miss Monique Taylor):** Thank you very much. We will now move on to the government and Ms. Vernile.

**Ms. Daiene Vernile:** Good afternoon, Minister. Thank you very much for being before us today to speak about an issue that is dear and near to my heart, and that is improving transit in my region of Kitchener Centre and across the province of Ontario.

The first thing I want to do is offer you the opportunity to finish the answer that you were giving before you were interrupted by Mr. Harris. I know it was 20 minutes ago. You were talking about the UP Express. Was there anything more that you wanted to add to that comment?

**Hon. Steven Del Duca:** Thank you very much for that and for the opening. I think I would just finish off by saying there's no doubt that we continue to have more

work to do with respect to promoting this service here in the region and reminding people that it's there. I think we've landed in a great place regarding the fare, obviously, at \$9 with a Presto card. Aligning the fares at the two stations in-between Union and Pearson with the GO fare structure that exists there is making it very accessible and affordable. I think—if I'm not mistaken—kids under 12 are free on the UP Express. This is all great news. It's great progress: family discounts etc.

We have more work to do, but the one thing, fundamentally, that we all know is that when people take this service, because it runs 19 and a half hours a day, because it's a 25-minute trip from Union to Pearson, regardless of whether there's a traffic jam on the 427 or some other regional road or municipal road in the area or there's an accident, God forbid. It's 25 minutes from end to end—19.5 hours a day with trains running at 15-minute intervals. It's a really extraordinary service that was delivered on time and on budget. So I think we're on the right track—to use a bit of a pun—but we still have more work to do.

**Ms. Daiene Vernile:** Minister, I actually had the opportunity this past Sunday to ride, for the first time, the UP Express from Toronto airport into downtown Toronto. It was fast. It was affordable. The train was spotless. I had Wi-Fi. I encourage more people to use it.

Let me start by saying to you that your government was elected with a very strong mandate to improve transit for our province. Since the 2014 election, you have made significant announcements with regard to transit across Ontario.

I know that in my riding of Kitchener Centre, our community was very excited when we heard in the 2014 election campaign that you would be delivering all-day, two-way GO train service. Currently, we've got two trains that leave Kitchener in the morning and two that come back in the afternoon from the GTA. As you know, there are many interested parties in my community who want to see that increased. This, of course, is tied to economic development along what is being referred to as the "tech super-corridor" in our region, from Kitchener-Waterloo to the GTA.

I can tell you that Google, for instance, is loading up three buses of employees in the GTA every day and bringing them down the highway to the new headquarters in Kitchener.

Recently, I had a meeting with a government relations person with a local insurance company—and let's not forget that Kitchener-Waterloo is home to the headquarters for several insurance companies in Canada. This GR person told me that, at her company, where there are 3,800 employees in Kitchener and 4,000 in Toronto, on any given day they've got 200 people going back and forth. They're looking for better options than the traffic-choked 401, so they're hoping for a rail announcement soon.

But I know that you've had some challenges in rolling out all-day, two-way GO train service on certain lines, including the Kitchener line, and this is tied to CN and

CP ownership. On the Kitchener line, for instance, we've got about 30 kilometres of track between the Georgetown and Bramalea stations where CN owns the track. We've been piggybacking on this track, moving people and GO trains. For people who want the trains to go faster or to have more trains, this is the reason why we're not able to deliver at this point.

I would like to ask you to give us an update on how you are working with Metrolinx and what they are doing to deal with our rail partners to deliver on that promise.

**Hon. Steven Del Duca:** Thanks very much. I did mention a little bit earlier today that in budget 2016 we did reinforce or re-emphasize the point that we've made the commitment around two-way, all-day GO service on all of our corridors.

We also recognize that there is continued work that needs to occur with respect to not only dealing with the individual communities affected—for example, the corridor communities on the Kitchener line or the Milton corridor or some of the others. Obviously, it's a broad recognition, because I've had the chance, along with you and MPP McGarry and others, to sit down with municipal representatives from the corridor communities. We've all heard loud and clear, both bilaterally and collectively, about the urgent need to make sure that we can deliver on that commitment.

You're 100% right in that part of the conversation that has been ongoing has been with—as the budget mentioned—both CN and CP to gauge their appetite for how best to move forward to liberate both corridors. I think that the conversations have been going well.

By the way, it's not just the Kitchener corridor and it's not just the Milton corridor; CN owns a portion of Lakeshore West as well, and there are other bits and pieces.

I think that, in the last few years, we have made tremendous progress in that, when you look at the entirety of the GO rail network, you would see that the province owns 80% of the tracks that we run our GO trains on, which is great. Not long after I became Minister of Transportation, I was able to participate in an announcement about a piece of the Kitchener corridor that we had just picked up shortly after I became minister, which was great news.

But you are right. If I can zero in on the Kitchener corridor itself for a second, there is that chunk—a relatively small chunk, but an important chunk—that continues to be owned by CN. I think that we also have to recognize that, as frustrating as it can be sometimes, because it feels like it's a bit of an impediment, I don't think that we can ignore the fact that when you look, more broadly speaking, at our economy here in the province of Ontario, goods movement is crucial. We have, both in CN and CP, two significant companies that help support that goods movement by the work they do.

1730

I think we need to make sure that we have a balanced solution that permits us to deliver on the commitment that we made not only to Kitchener and Waterloo region

residents and the rest of the folks along that corridor—it's Brampton, it's Acton, it's Georgetown, it's Guelph, it's Waterloo region itself and also on the Milton corridor, from Mississauga and the communities out to Milton. We definitely need to continue to have that dialogue and conversation.

I said earlier today—and I'm pretty sure I said it here in this room—I'm an optimistic person by nature. I know I've said that to you many times, as you've been a very strong advocate for delivering on that commitment. I'm an optimistic person. I think our freight rail partners understand the challenge and the importance of supporting us in our plan to unlock the potential of both corridors. We're going to keep at it. We're going to keep working hard on it. We are absolutely determined to deliver on the commitment we made in 2014. We are making progress, but we still have more work to do.

**Ms. Daiene Vernile:** You have stated publicly, quite recently, that you are prepared to make a significant announcement before the summer on this particular line. Would you say that you were still on track with that?

**Hon. Steven Del Duca:** I think we're on track to provide an update before the summer.

**Ms. Daiene Vernile:** If that happens in my community—no insult to Mr. Bautista—it will be bigger than a bat flip. Thank you.

My colleague is going to continue.

**Mrs. Kathryn McGarry:** We'll just carry on, if that's all right, on rail.

**Hon. Steven Del Duca:** Sure.

**Mrs. Kathryn McGarry:** When we're looking at high-speed rail and the whole idea of going from Windsor to the airport with stops in London and Kitchener-Waterloo—that generated quite a lot of excitement. I remember, in 2014, when you were with the Deputy Premier in London, announcing that we were starting work as a province on this very exciting corridor. In order to be able to consult with people, you were appointing a former federal transport minister, David Collenette, to help us with this project. He'll be a special adviser on the file.

In February, in Kitchener—actually, I think we had three members here. I know that MPP Harris was there and MPP Vernile and I were there at that public consultation regarding an update and how we're going to move forward with the high-speed rail and what that is going to look like.

Could you provide us with a progress report on what Mr. Collenette is conducting for you on this file?

**Hon. Steven Del Duca:** Yes. Thanks very much for that question and, again, for your continued advocacy on this piece but also everything else that we're working on together.

You are 100% right as well that last November, I believe it was, I was in London with Deputy Premier Deb Matthews, where we announced that we were launching the environmental assessment. I'm pretty sure I did say this again earlier today here in the room, but just to repeat, because it's important to remind ourselves that



there's a ton of interest and excitement in London—frankly, in Windsor and throughout southwestern Ontario, and in Waterloo region as well—about the fact that we, at long last in this province, have embraced the idea that there might be some solutions that high- or higher-speed rail could provide to some of the connectivity and economic challenges that we have, particularly in southwestern Ontario.

I said publicly in November when we launched the environmental assessment that it is a process that will take anywhere from four to six years to complete—the environmental assessment itself. This is an unprecedented project. Obviously, we've never moved forward on an EA, to my knowledge, for high-speed rail in the province of Ontario. I know that other studies were done in the eastern half of the province, but moving it forward tangibly is something that's unprecedented.

I've had the chance to sit down with Mr. Collenette on a couple of occasions. I'm delighted that he agreed to take up the challenge. He's someone who brings his breadth of knowledge and experience to transport and transportation issues. Having him serve as a special adviser to both myself and Minister Duguid on this is something that I know is extremely encouraging.

To your point, he has been out to the local communities and he's consulted with some of the communities, broadly speaking, along the route, though a finalized route has not been determined yet. That is part of some of the work that he and MTO are doing jointly around looking at various aspects of the feasibility of this project as part of the environmental assessment. Also, he is talking to, liaising with and consulting with our First Nations partners as well—something that's important for us to make sure we do in the most appropriate way, respecting our duty to consult on so much else through southwestern Ontario.

I expect that I'll be hearing a more substantial update from Mr. Collenette over the next number of months, but I know that wherever he has gone on this process so far, it has generated a ton of excitement. I know as well, from the Premier to others who have had a chance to be in other parts of the world, particularly in Asia, and experience higher- or high-speed rail projects that are actually in service, it's quite the eye-opener.

Again, I feel a degree of urgency with respect to making sure that we do move forward, as we are, with the environmental assessment. I look forward to hearing something more comprehensive from Mr. Collenette in the coming months, and then we'll provide updates out to the affected communities after that.

**The Vice-Chair (Miss Monique Taylor):** Ms. McGarry.

**Mrs. Kathryn McGarry:** I know that, when we're looking at the full transit plan of Moving Ontario Forward—and, Minister, earlier today and just recently, you mentioned again that Ontario to this point hasn't experienced light rail transit and we haven't experienced high-speed rail. So this is a very exciting time in the province of Ontario to start looking at major projects that

will help with goods and services. It's obviously a unique time for Ontario to look at these projects going forward.

When we're looking at putting down a lot more rail track and looking at some of these projects, especially when it comes to high-speed rail, I know that there have been several people who have talked to me about rail safety. I know this falls under federal jurisdiction as well, but I know that some comments about the recent train derailments in Lac-Mégantic and Gogama have raised a number of concerns about rail safety. I'm just wondering if you might speak to that. At AMO and over at ROMA I've had several of the mayors and councillors talk about what it means for them to have rail going through their communities, and having just a little bit of discomfort about what rail safety is going to look like. So could you talk to members of the committee about rail safety in the future?

**Hon. Steven Del Duca:** Absolutely. It's a great point. I've had the chance and I know that the member from Sudbury, MPP Thibeault, also had a chance to visit Gogama after the incident up there. Obviously, we all read with horror the reports coming out of Lac-Mégantic when that tragedy occurred there.

Both former federal transport minister Lisa Raitt and current federal transport minister Marc Garneau have heard directly from Ontario, but also from me directly, about the importance of making sure that we get this piece right. I've had the chance now to attend a couple of council of transport ministers meetings, one shortly after I became minister that took place in Montreal and then one more recently that took place in Ottawa, where, because it's now Ontario's turn in the rotation, both myself and current Minister Garneau served as co-chairs.

It is an issue that comes up, I know, even among the deputies across the country, it's something that's discussed on a regular basis. We all recognize that it's of crucial importance, regardless of where you are in our provinces, regardless of where you are right across the country, but particularly when you're in and around any kind of densely populated—or not even densely populated, necessarily—part of a province or a territory. It's something that can have tragic consequences.

I've had the occasion, on more than one occasion, to correspond directly with the minister to raise some of the concerns. I know that the federal government, both the current administration and the previous one, has taken steps to ensure that we're moving in the right direction on this. But I would say to people, including some of the coalitions that exist right here in the city of Toronto that have gathered together to talk about some of their concerns, that we all know, whether we're here in Toronto or in parts of western Canada, there are communities—Calgary, Winnipeg, Toronto itself—that were really built up around some of this freight rail traffic that helped build the country, helped build our province and helped feed our economy. But now we have explosive growth in and around these rail corridors and we have goods that are flowing through, and there's been some concern expressed, I think rightly so, about awareness with respect to what's actually being transported on the

rail corridors, how much information is known, how much knowledge is provided to communities.

1740

It's a bit of a challenge because, as you pointed out, we don't have direct responsibility, provincially, for guaranteeing or ensuring that rail safety piece is there. But I know that we will continue to be very strong advocates to make sure that our federal colleagues understand the importance of getting this piece right.

**Mrs. Kathryn McGarry:** Thank you. I think—the member from Sudbury?

**The Vice-Chair (Miss Monique Taylor):** Mr. Thibeault?

**Mr. Glenn Thibeault:** Thank you, Minister, for being here today.

I'm going to refer to pages 29 through 32 in the estimates briefing. It's talking about improving Ontario's highways, border and bridges infrastructure. It's pretty extensive, when you look through the document to see all of the investments that your ministry is making in improving highways, bridges and border infrastructure right across the province. Of course, being from the north, I'm going to specifically talk about page 31 and talk about the northeast region.

One of the things I think is very important to highlight—and I would like your comment on this, Minister—is the bullet under “Northeast Region,” the last one: “Commenced widening of Highway 69 from two to four lanes from north of Highway 522 in the vicinity of French River, including two interchanges, 10”—I'm going to emphasize that again—“10 new bridges and multiple structural culvert replacements.”

This, in northern Ontario, specifically in northeastern Ontario, is just another huge investment that we're seeing, because we're now able, for example, Minister, to go from Sudbury almost all the way to—

**The Vice-Chair (Miss Monique Taylor):** Two minutes.

**Mr. Glenn Thibeault:** Thank you—all the way to the Key River. That announcement was a \$173-million investment by this government to ensure that we can have safer roads in the north.

Your comment specifically on the importance of seeing these types of investments and what we can foresee in the future when it comes to the four-laning of Highway 69?

**Hon. Steven Del Duca:** Sure. We don't have a lot of time to answer this. I will say, as quickly as I can, that this—obviously you would know this, as the MPP for Sudbury—has been a massive undertaking on the part of our government. It goes back many years. A number of your predecessors have spoken very clearly about the need to make sure that we continue moving forward and get it right. Over the last number of months since you've been the MPP, you've certainly talked to me on a number of occasions. We had the chance to stand outside in the cold a number of months ago to talk specifically about how we are going forward with this project.

I think that, from a highway and road safety perspective, but also from an economic perspective, it is so

important that we finish off that project. It has not been a project without its complications. Since it started, we've had a lot of work that has been required, and it still is required in terms of our partnerships and our discussions with the affected First Nations in the area.

But I think everybody recognizes the importance of making sure that we continue to invest, that we continue to procure those contracts that are required to complete the four-laning and that we meet our goals with respect to the schedule as provided by way of the last update that we provided to the community. So, rest assured, MTO recognizes the importance of making sure that we complete the four-laning of Highway 69, and we will get it done.

**The Vice-Chair (Miss Monique Taylor):** Twenty seconds; 15.

**Mr. Glenn Thibeault:** Well, with that, I think it's just important to recognize, under the section that I was talking about on page 31, there's so much more in there in terms of investments that are being made in northern Ontario. So, it's not just Highway 69, but right across the northeast and the northwest.

**The Vice-Chair (Miss Monique Taylor):** Thank you. Back to Mr. Harris.

**Mr. Michael Harris:** I think it's important to note, just to get back to estimates, that this 20 minutes is our time, and we'll ask the questions. We appreciate the dialogue back and forth. We'll save the stories for when it's their turn. But as I get the answer, I will move on to the next question. We've had a good dialogue so far, but I just want to make it clear to everybody that, when I've got the answer, I'm going to move on. All right? Fair.

**Hon. Steven Del Duca:** As long as I have the chance to answer, that's great. Sure.

**Mr. Michael Harris:** Yes. When I feel I've got the answer, I'll move on.

**Hon. Steven Del Duca:** We'll see how it goes.

**Mr. Michael Harris:** Whether I'm going to get it or not—you know.

**Hon. Steven Del Duca:** We'll see how it goes.

**Mr. Glenn Thibeault:** We've got a Chair for that.

**The Vice-Chair (Miss Monique Taylor):** Order.

**Mr. Michael Harris:** Union Station revitalization—clearly, significant cost overruns down at Union Station. Let me see here. The AG had a concern over the lack of cost controls and cost overruns for the train shed, specifically—25% over Metrolinx's initial estimate, bringing the total to \$270 million, which is quite a bit. It's well over a quarter of a billion dollars. What cost controls have been put in place since the auditor's warnings?

**Hon. Steven Del Duca:** I've asked Vinay to come to the table. We're obviously joined by others here who may want to amplify, I guess, or elaborate on some of the comments that I'm going to make.

I would say—and I know you've asked a question about this in the Legislature—that one of the things, when you look at a project like the Union Station revitalization, that is really important for everyone to remember is that it's not only a massive undertaking, like so much of the other work that we are doing; it's very crucial in



terms of how much traffic will be flowing into Union Station, not just currently—obviously, it's a very busy terminal—but how much more will flow in there once we've completed all of the work that's currently in our plan.

I think the other thing that people do recognize, whether we're talking about the train shed or some of the other components, is that we are dealing with a building that is of historical importance and significance, not just here in this region but from a national perspective, so there are obviously some challenges that result from that inherent heritage perspective, I guess I would say.

The specific question around cost controls—Vinay, I'm not sure if you'd like to jump in. Please identify yourself.

**The Vice-Chair (Miss Monique Taylor):** Identify yourself, please.

**Mr. Vinay Sharda:** I'm Vinay Sharda, the director of transit policy at the Ministry of Transportation.

I would say, in relation to the Union Station revitalization, the project is actually led by the city of Toronto. The province is a contributor, as is the federal government, as is the city. In that regard, the responsibility for the cost overruns in relation to the revitalization work is the responsibility, therefore, of the city. The province itself has contributed \$172 million towards that revitalization work.

**Mr. Michael Harris:** So the train shed, though, would be within the scope of Metrolinx?

**Mr. Vinay Sharda:** That would be. As the minister has mentioned, the project itself is complex, in that there are layers of how different aspects of the work that takes place at the revitalization of the station are connected to things like the train shed and other works that Metrolinx would need to get done as part of their use of the station.

**Mr. Michael Harris:** What can taxpayers expect to pay, from the initial projections for specifically the train shed now, with some of the difficulties or problems that they've run into? Is there a number that has been put on that?

**Mr. Vinay Sharda:** I would have to take that back. I don't have that me.

**Mr. Michael Harris:** You've not done any projections in terms of costs for the train shed?

**Mr. Vinay Sharda:** I don't have those with me presently. I can get back to you on that.

**Mr. Michael Harris:** So I guess, Minister, ultimately you would have approved a plan for the train shed renovation. I'm just wondering how they neglected to factor in the electric train—

**Hon. Steven Del Duca:** I don't actually accept the premise of the question, which is what I've said to you in the Legislature. All of these considerations were factored in. I know that the team at Metrolinx is working towards making sure that, on the one hand, they are respecting and preserving whatever heritage features are required—that's an ongoing conversation—but also recognizing that we do have to accommodate the full build-out of GO regional express rail, which includes electrification. So I don't think there has been neglect here, per se. This is an iterative process that continues to unfold.

**Mr. Michael Harris:** So the electric train height was in fact calculated into this initially?

**Hon. Steven Del Duca:** Sorry, say that again? I couldn't hear.

**Mr. Michael Harris:** The electric train height, you're saying, was factored in—

**Hon. Steven Del Duca:** The delivery of GO regional express rail, which includes an electrification component—the team at Metrolinx is very well aware of the fact that we had to deliver on that. That does present an engineering challenge as it relates to the train shed, not just because of the work we need to do but also some of those heritage features that I talked about a second ago. I know that they are working on that. They are making progress on it. We will be able to provide the outcome that we have committed to.

**Mr. Michael Harris:** So would the proposed future electric trains fit in the actual train shed that's there now?

**Hon. Steven Del Duca:** When the work is complete, my understanding is that—again, Metrolinx is looking at a variety of options to make sure that the electrification that we've committed to and will deliver can be accommodated within the updated, revised, refurbished train shed.

**Mr. Michael Harris:** Any idea what the additional costs would be to have—

**Hon. Steven Del Duca:** Did you say “additional costs”?

**Mr. Michael Harris:** Or costs.

**Hon. Steven Del Duca:** I don't have the number for the exact cost of the train shed, that portion of the project itself, but I can look into that.

**Mr. Michael Harris:** That project is, what, 25% over cost already—

**Hon. Steven Del Duca:** Are we talking about the train shed or are we talking about—

**Mr. Michael Harris:** The train shed.

**Hon. Steven Del Duca:** I'm looking at Vinay to see if there's a specific number—

**Mr. Michael Harris:** What was the estimated project total, initially?

**Hon. Steven Del Duca:** Just on the train shed.

**Mr. Michael Harris:** Right.

**Mr. Vinay Sharda:** I will have to get back to you.

**Mr. Michael Harris:** You don't have the estimate for the train shed?

**Hon. Steven Del Duca:** One specific project within the broader delivery of everything else that we're doing? We don't have it right here, but we'll take that back.

1750

**Mr. Michael Harris:** All right, you'll get that to me.

**Hon. Steven Del Duca:** We'll take that back.

**Mr. Michael Harris:** All right. And you can't tell me, I guess, what the additional costs would be with the factoring in of whether they have to lower the tracks or raise the roof. You've not calculated what that's going to cost.

**Hon. Steven Del Duca:** Again, there's a presumption in the question that suggests that there will be an addi-

ional cost for that over and above what was originally budgeted for the project.

**Mr. Michael Harris:** Does one or the other have to be done? Does the lowering of the tracks or the raising of the roof have to be done?

**Hon. Steven Del Duca:** Again, at the end of the day, I said a second ago that there's no doubt there are some engineering and design challenges because we're dealing with a heritage structure. The full build-out of electrification is, obviously, generally speaking, a very challenging undertaking. So I'm not in a position to accept the presumption in the question that there's an additional cost for doing what we would need to do anyway as part of delivering GO regional express rail, but we will take the other question back.

**Mr. Michael Harris:** All right. Burlington GO station: You've pushed back the scheduled completion of the new Burlington GO station for the third time. Does that make sense? It was supposed to be completed in the spring of 2014. What would be the new date for completion of the Burlington GO station?

**Mr. Vinay Sharda:** I'm sorry—

**Hon. Steven Del Duca:** We'll take that one back as well. I don't have a new date with us right here, but we'll take that one back. I can't recall if we've already publicly disclosed, so forgive me for that one, but we'll take that back—with respect to the new date, as you put it.

**Mr. Michael Harris:** When was the last time Metrolinx gave you an update on the Burlington GO station?

**Hon. Steven Del Duca:** For me, personally? It's been quite some time.

**Mr. Michael Harris:** So perhaps tomorrow you'll have that answer for me?

**Hon. Steven Del Duca:** I'll take it back.

**Mr. Michael Harris:** I'm just surprised that you wouldn't know when the completion date for the Burlington GO station would be. Why wouldn't you have an answer for that? Why wouldn't you know when—

**Hon. Steven Del Duca:** Off the top of my head?

**Mr. Michael Harris:** Yes.

**Hon. Steven Del Duca:** You're aware of the fact that there are a lot of projects that MTO is undertaking.

**Mr. Michael Harris:** Or anybody, for that matter, here. Anyway—

**Hon. Steven Del Duca:** Sure.

**Mr. Michael Harris:** I guess we'll talk about Burlington afterwards.

The Metrolinx Act actually requires the review of the transportation plan. That's correct, right? The five-year plan calls for a review to be completed in mid-2016. We're in May now. Where is that review? When will it be completed?

*Interjections.*

**Hon. Steven Del Duca:** I was just confirming that the work is under way with respect to preparing for that review and making sure that we do go forward. There is, again, a lot of interest out there in the broader community for the affected service area that Metrolinx is responsible

for, for making sure that we do complete that update. That is work that's currently under way.

**Mr. Michael Harris:** When do you expect that review to be completed?

**Hon. Steven Del Duca:** I'm not in a position to confirm a date at this point.

**Mr. Michael Harris:** What is your involvement with the review?

**Hon. Steven Del Duca:** I've been briefed on it. I've given, from my perspective, some direction about some of the aspects, some of the moving parts, that we should be looking at, specifically based on the feedback I've heard over the last two years from a number of our partners and from people right around the region. I look forward to seeing that work completed.

**Mr. Michael Harris:** Mayor Tory's SmartTrack plans—I understand Metrolinx is looking at options to merge those plans with the current regional express rail or GO. Is that correct?

**Hon. Steven Del Duca:** Over the last number of months there have been a number of conversations between Metrolinx, the city of Toronto and MTO about working together to look for opportunities to align the services. Those conversations are ongoing. I know that later in June there will be an additional discussion, I think both at the city of Toronto and at the Metrolinx board, meeting around some of the results of the work that's been undertaken over the last couple of years.

My specific mandate as minister, though, is to deliver on GO regional express rail. That is work that's already under way and that will continue.

**Mr. Michael Harris:** Is SmartTrack doable?

**Hon. Steven Del Duca:** My mandate letter contains a requirement to deliver on GO regional express rail, but at the same time I know that we will continue to work closely with Mayor Tory and the city of Toronto so that we are delivering on those promises. I think that we'll hear more information later in June about how the two service concepts will align to ultimately provide people here in the 416 and into the region beyond with what they're looking for.

**Mr. Michael Harris:** Has Metrolinx briefed or indicated to you that, in fact, John Tory's SmartTrack plan cannot be done?

**Hon. Steven Del Duca:** Again, my mandate and Metrolinx's responsibility is to deliver on GO regional express rail.

**Mr. Michael Harris:** So you've had no discussions with Metrolinx on SmartTrack in terms of its feasibility and the ability to execute SmartTrack as is.

**Hon. Steven Del Duca:** Again, we're focused on GO regional express rail. The SmartTrack vision, I think you might remember, does look at using existing GO corridors, for the most part, to deliver on its commitment.

**Mr. Michael Harris:** Right.

**Hon. Steven Del Duca:** It's a city of Toronto initiative. There is very close work already under way to collaborate between Metrolinx, GO, MTO and the city of Toronto. I think a little bit later in June, there'll be some



more public confirmations about how the services will align.

**Mr. Michael Harris:** So over in Brampton, there was an LRT commitment from the government to the tune of what, \$1.6 billion was it?

**Hon. Steven Del Duca:** Yes.

**Mr. Michael Harris:** Now, with the Brampton council's decision, where is that at?

**Hon. Steven Del Duca:** The LRT itself?

**Mr. Michael Harris:** Well, the \$1.6 billion that has been allocated to Brampton.

**Hon. Steven Del Duca:** We're going to continue, I've said this publicly, with building an LRT along Hurontario, from Port Credit GO in the southern end of Mississauga up to Steeles, roughly, which is technically in Brampton, I think, but at the very southern edge of Brampton. That's where that LRT will finish or conclude.

Some of the monies that would have been required from the Moving Ontario Forward plan to support building the LRT all the way to the Brampton GO station, which was the original plan that we'd had, will be returned to Moving Ontario Forward, to be invested in priority transit projects in the GTHA.

**Mr. Michael Harris:** Have you had any discussions with stakeholders throughout the Brampton area with regard to the actual route itself?

**Hon. Steven Del Duca:** I did do a transportation town hall for MPP Harinder Malhi before the final decision was rendered by council. There were a number of stakeholders from all sides of the debate in attendance at that transportation town hall. Ultimately, I said repeatedly at that time, and I stand by this, I respect the wishes of council. It's disappointing, because of course we wanted to build that LRT all the way to the Brampton GO to provide what I talked about earlier with respect to that connectivity in the three GO stations, but we will continue to build it up to Steeles from Port Credit GO and continue to work with Brampton and the rest of the municipalities in the GTHA on other transit priorities.

**Mr. Michael Harris:** Is it your hope that Brampton would have a re-look at their decision on this?

**Hon. Steven Del Duca:** I'm really not in a position to comment on what that or any other municipality may choose to do. I know, and again I've said this publicly, the funds that would have been assigned for that portion of the LRT will go back to Moving Ontario Forward and they will ultimately be invested in priority transit projects in the GTHA, which could include Brampton but will not necessarily be Brampton.

**Mr. Michael Harris:** Moving west, we're getting into the region of Waterloo, of course. I know you talk a lot about the region of Waterloo's eye on LRT, despite the province's funding cut, from two thirds that it initially had promised, to one third that we're still moving forward with.

I want to specifically talk about the Bombardier delays. We've heard a lot in the news about the test

vehicles that were not being delivered or haven't been delivered to Toronto. Have you directly spoken with someone at Bombardier about the specific delays for the test unit you need?

**Hon. Steven Del Duca:** Over the last, I would say, year or so, I've had a couple of conversations with Bombardier about some of the challenges that are being experienced across a couple of different platforms they had over that time period. I'm saying a year, I think it has been the last year—it might be a little bit longer than a year—but there has been more than one occasion where I've met with representatives from Bombardier where they have repeatedly assured us that they will be able to deliver.

Obviously, it's always concerning when we hear that there might be some challenges with respect to the delivery of a fleet, I guess I'll call it, that has been committed to. I don't believe at this point in time that we have necessarily crossed the threshold at which any of the projects are endangered to this point.

**Mr. Michael Harris:** But that first test vehicle was supposed to be delivered, what, last year?

**Hon. Steven Del Duca:** Are we talking about for Waterloo, for ION?

**Mr. Michael Harris:** I know that I brought up Waterloo. I wanted to just throw in there the two thirds down to one third, but we'll get to Waterloo. Waterloo lumped in on the Bombardier deal with the province. The first test vehicle for Bombardier was supposed to be delivered last year, right?

**Hon. Steven Del Duca:** Vinay is going to just confirm that.

**Mr. Michael Harris:** Last year?

**Mr. Vinay Sharda:** That's right.

**Mr. Michael Harris:** I mean, you said you've not crossed that threshold yet as to where you're concerned, but yet they've—

**Hon. Steven Del Duca:** No, no, I did express concern, just to be clear, but we have not, to my knowledge, crossed the threshold at which the conclusion of being able to put it in service is necessarily imperiled. Having said that, there is concern. Obviously, there is concern here in the city of Toronto. When you actually take into account the enormous amount of additional fleet that we're going to need, both for GO regional express rail and for the rest of the LRTs that we have—

**The Vice-Chair (Miss Monique Taylor):** Minister, we've reached our 6 o'clock point.

**Hon. Steven Del Duca:** Oh, sorry.

**Mr. Michael Harris:** We'll carry on tomorrow.

**Hon. Steven Del Duca:** I look forward to it.

**The Vice-Chair (Miss Monique Taylor):** It now being 6 o'clock, the committee will stand adjourned until tomorrow afternoon after routine proceedings. At that time, the Conservatives will have three minutes and 54 seconds remaining of their time.

*The committee adjourned at 1800.*











## CONTENTS

Tuesday 3 May 2016

Ministry of Transportation .....	E-791
Hon. Steven Del Duca	
Mr. Stephen Rhodes	
Mr. John Lieou	
Mr. Ian Freeman	
Mr. Vinay Sharda	
Ms. Linda McAusland	

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Première session, 41<sup>e</sup> législature

# **Official Report of Debates (Hansard)**

**Wednesday 4 May 2016**

# **Journal des débats (Hansard)**

**Mercredi 4 mai 2016**

## **Standing Committee on Estimates**

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## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Wednesday 4 May 2016

Mercredi 4 mai 2016

*The committee met at 1551 in room 151.*

## MINISTRY OF TRANSPORTATION

**The Chair (Ms. Cheri DiNovo):** Good afternoon, everyone. We are here to resume consideration of vote 2701 of the estimates of the Ministry of Transportation. There is a total of four hours and 11 minutes remaining. When the committee adjourned yesterday evening, the official opposition had three minutes and 54 seconds left in their rotation.

Mr. Harris, the floor is yours.

**Mr. Michael Harris:** All right. We were talking about LRVs yesterday. There are 182 that were purchased, correct? Yes?

**Hon. Steven Del Duca:** There were 182 that were purchased.

**Mr. Michael Harris:** It was the deal, right? Could you provide a list to the committee where those 182 vehicles' homes will be and—

**Hon. Steven Del Duca:** You mean which projects they'll be assigned to?

**Mr. Michael Harris:** Yes, right—and then delivery day? I'm assuming that Waterloo—sorry?

**Hon. Steven Del Duca:** It's okay. Go ahead. I was just checking—

**Mr. Michael Harris:** You will provide that?

**Hon. Steven Del Duca:** You're talking to me, so go ahead.

**Mr. Michael Harris:** You'll be able to provide that to us?

**Hon. Steven Del Duca:** It sounds like you have a second part to your question. Sorry.

**Mr. Michael Harris:** Waterloo would be the first delivery. Would they be the first project to be delivered? In 2017, I'm assuming.

**Hon. Steven Del Duca:** I believe that is the plan, but I could ask Vinay—

**Mr. Michael Harris:** So of the 182, how many has Waterloo bought? Waterloo region, that's where they'll go first, correct?

**Hon. Steven Del Duca:** Please identify yourself for the committee.

**Mr. Vinay Sharda:** Vinay Sharda, director of transit policy branch, Ministry of Transportation.

Correct, the total order for the LRV purchase is 182, and the first vehicles are expected to be distributed to the Waterloo project for the ION.

**Mr. Michael Harris:** Great. Okay, perfect. Will you be able to provide a list of the LRVs in terms of the 182 and what projects they will be dispersed to and the expected delivery dates of those 182 vehicles?

**Hon. Steven Del Duca:** I can look into that.

**Mr. Michael Harris:** You have that information, though?

**Hon. Steven Del Duca:** I don't have that information with me right now, but I can look into it.

**Mr. Michael Harris:** So you bought 182 LRVs, but you don't know where they're going?

**Hon. Steven Del Duca:** I know which LRT projects we're building in the province of Ontario. You might be aware, we're doing Crosstown LRT through the middle of Toronto, Finch LRT, Hurontario LRT and Mississauga, and of course ION LRT in your home region of Waterloo.

**Mr. Michael Harris:** So will you be able to provide a list as to where—

**Hon. Steven Del Duca:** Sorry, I didn't hear the first part, Mr. Harris.

**Mr. Michael Harris:** Will you be able to provide a list as to where those LRVs will be assigned?

I guess my next question is, do you have confidence in Bombardier to meet the first delivery?

**Hon. Steven Del Duca:** Yes. I'll echo what I said yesterday. Obviously lots of media reports out there with respect to—

**Mr. Michael Harris:** Do you have confidence?

**Hon. Steven Del Duca:** I'm in the process of getting to that—

**Mr. Michael Harris:** Yes or no?

**Hon. Steven Del Duca:** You kind of asked the same question yesterday where I did express concern about the fact that we are hearing information that's flowing out of some of the other procurements, like the streetcar issue here in the city of Toronto. We have a very strong appetite for more transit service in all communities that we're trying to build LRTs in, including your home region. So at the end of the day, we want to push forward and make sure that we're putting the projected or the promised service into service when we committed to making it happen—

**Mr. Michael Harris:** Are there penalties actually built into the contract for Bombardier? Are there penalties for delivery?

**Hon. Steven Del Duca:** I don't have that contractual information off the top of my head at this point in time.



**Mr. Michael Harris:** Does somebody? Sir, do you have information as to whether there are penalties built into the arrangement with Bombardier?

**Mr. Vinay Sharda:** I would have to take that back.

**Mr. Michael Harris:** You'll let me know?

**Hon. Steven Del Duca:** We'll look at it.

**The Chair (Ms. Cheri DiNovo):** Thirty seconds left, Mr. Harris.

**Hon. Steven Del Duca:** We'll take a look at it—

**Mr. Michael Harris:** So you don't know if there are penalties built into this contract?

**Mr. Vinay Sharda:** I would want to make sure that I have accurate information for the record. So I would want to take that back—

**Mr. Michael Harris:** Do you think there are penalties built into the contract?

**Hon. Steven Del Duca:** It's best for us not to speculate here at committee, so we'll take that back.

**Mr. Michael Harris:** I'm just assuming, if you sign a contract for 182 LRVs, you would know if there are penalties built into a contract or not.

**Hon. Steven Del Duca:** What I can confirm is that we'll take that back, because it's not helpful even for you for us to speculate here at committee.

**Mr. Michael Harris:** I'm just saying you should know this.

**Hon. Steven Del Duca:** Again, I'm not going to speculate here at committee, so I'm happy to take a look at that.

**Mr. Michael Harris:** Am I done?

**The Chair (Ms. Cheri DiNovo):** You have 10 seconds. Wrap up.

**Mr. Michael Harris:** I'll pass it over to the NDP.

**The Chair (Ms. Cheri DiNovo):** Thank you. We move to the third party. Mr. Gates.

**Mr. Wayne Gates:** I'll just say that wasn't very productive on your part. I just thought I'd throw that out there.

It's great to be here today. I'm going to do a little opening statement. Seeing as it's my 20 minutes, I guess I can do what I want.

Minister, I just want to start off with some general remarks about what I'd like to talk about today, and hopefully we can get through all the topics. One of the concerns that has been raised in this committee for several years now, at least, is the lack of detail that comes with government bills and with estimates. I know that the Chair, who's here today as well, has raised this issue multiple times when she has been asking questions, and I'm going to be doing some of the same.

For example, this government has repeatedly said that they are committed to bringing two-way, all-day GO train service to Niagara Falls. You all know what my thoughts are on that project, and I won't bore you with that. But my real concern lies in the lack of detail.

Every time the government announces that they are supporting a project, they fail to introduce a timeline for the project and they fail to introduce a funding plan—a serious lack of detail that you would think would be easy

to provide if you were serious about the project moving forward quickly.

As such, as a project of this particular hearing of the estimates committee—it's bill after bill, committee after committee, where the government simply does not provide enough detail for the members of the House to be truly informed about what the impact of the bill would be. That's going to be the main theme for me here today, Minister. We need more details than you have been providing if we're going to do our work properly.

Some of the issues that we'd like to get to in more detail are changes in the amount of capital expenditure year to year, division of capital between the GTA and non-GTA projects, non-conformance reports from winter maintenance contractors, Nipigon bridge, Highway 3, HOT lanes, 427 expansion, and obviously I'll touch more on the GO train project as we go through. These are just a few of the topics that I think it's going to be very important for us to consider through this committee process.

I'll start with something that I'm sure you're expecting to be asked about today, and that's winter maintenance. The NDP has put in a freedom-of-information request asking for a summary of non-conformance reports of the ministry area maintenance contractors, including performance penalties. The MTO, surprisingly, has asked us for nearly \$1,000 to pay the labour costs for fulfilling this request, which apparently will require more than 30 hours of work.

Given all the public attention on this issue, as well as an Auditor General's report, how is it possible that the MTO cannot instantly produce copies of all such reports on demand? How does the administrator of the area maintenance program remain informed of the performance of these contractors when it takes hours of work to attain this information?

**Hon. Steven Del Duca:** Thank you very much for the questions and for the opening comments. You mention a wide variety of issues that you're hoping to discuss over the course of your time here at committee, so I'm looking forward to the dialogue that we're going to have on that.

In your question with respect to winter maintenance, you talked a little bit about the Auditor General's report. Obviously, everyone here would know that's something that I personally have taken very seriously. From what I recall, there were essentially eight recommendations in the auditor's report. Immediately upon its release, I accepted her findings. I know that staff at the ministry have been working very hard and very closely, not only with our area maintenance contractors, but with me and my office, to make sure that we respond to those eight recommendations, that we take a strong and proactive approach to dealing with them.

It's from those recommendations that we were able to pivot towards introducing and now deploying what I like to call our action plan. There are a number of items that are included in the action plan. I won't go through the whole list, to keep an eye on time. I'm trying to be respectful of that today. For example, improving the Ontario 511 website, including providing public access to

roadside cameras, was something that was referenced in the auditor's report. We've launched a Track My Plow program. It started in the Owen Sound and Simcoe areas. It has now been expanded to additional areas, and I expect that that will continue to expand to more and more areas right across the province. We've worked very closely with our contractors to ensure that they have reliable equipment and trained operators available. I think over the course of this past winter season, which, of course, would be the first winter season following the auditor's report, by and large, we saw a stronger performance from our contractors. I would say that we continue to have to do work on this to make sure that we land in a good spot and provide that winter—not just winter, frankly, but year-round maintenance on all of our highways, because that's, of course, what the public expects and deserves.

1600

There has been a lot of back and forth with respect to some of the outstanding issues, or the outstanding non-conformances, as you mentioned. There are some numbers that are out there already in the public domain, some of which I have commented on to the media and elsewhere.

As for the rules and procedures that the Ministry of Transportation has in place, like all other ministries, with respect to freedom-of-information requests, we follow those processes. We follow those rules. We make an assessment based on the parameters of those rules and procedures, and, frankly, we follow that to the letter. It's a process that, from what I know, is not unique to the Ministry of Transportation. I think that similar circumstances or parameters would exist across all ministries if FOI requests were being made.

**Mr. Wayne Gates:** That's a nice story. I guess what I'll ask is: Will the MTO please provide a summary of non-conformance reports of the ministry's area maintenance contracts, including performance penalties, covering the period from January 1, 2014, to the present time? I don't believe that you should need 30 hours. They should all be—I mean, you've been investigated before. This should be readily available to the MTO.

And then the second part—

**Hon. Steven Del Duca:** Yes, and—

**Mr. Wayne Gates:** No, let me finish.

**Hon. Steven Del Duca:** Sorry, I thought you were finished. My apologies.

**Mr. Wayne Gates:** I was told you're going to talk a lot, so I want to make sure that, at least, I get a few words in here.

**Hon. Steven Del Duca:** Thank you for the compliment.

**Mr. Wayne Gates:** I want to compliment you on the fact that you said that the winter maintenance program had a strong performance this year. I agree, because it didn't snow most of the year, so we didn't have as many problems.

**Hon. Steven Del Duca:** Clearly, you weren't in northern Ontario.

**Mr. Wayne Gates:** Snow was down. So—

**Hon. Steven Del Duca:** Ask MPP Thibeault about snow in northern in Ontario.

**Mr. Wayne Gates:**—will you provide that to us?

**Hon. Steven Del Duca:** First of all, it's not clear to me whether that's the focus of the freedom-of-information request that you've submitted. I'm going to assume that, either in part or in total, it is what you submitted an FOI request for, so I'm going to let that process run its course. I know there's lots of information out there in the public domain already, including media reports, which I have commented on over the last number of weeks. I believe this has come up in the Legislature in the past. We'll continue to follow through on the action plan as per the commitment, which, again, flows from the eight recommendations that the auditor made.

Assuming that I accept the premise of your concluding comment, where you said that it didn't snow this year and that's why things went well, I think it's important for us to remember that—and I do want to emphasize this so that nobody can be confused about what I'm saying right now—there is recognition. There was even recognition in the auditor's report itself that, notwithstanding the fact that we need to do additional work—we have done additional work and will continue to do to make sure we get this right—that the previous two winters, not this past winter but the previous two, and her report did acknowledge this, were particularly severe in terms of the winter weather that was experienced in all parts of the province. Having said that, she had eight very clear recommendations, and we've accepted all of them.

You know and I know, and certainly everyone in this room—and myself; I'll say it personally: I use the highways of this province; my wife does as well; our children are often in the car with us when we're driving. I take my responsibility in this regard extremely seriously. Our contractors know that. They've heard that from me directly. They continue to hear it from the ministry in terms of making sure that they are providing the kind of maintenance that's not only contractually obligated, but the kind of maintenance that, again, the people of Niagara Falls, St. Catharines, Vaughan etc. expect and deserve. That's what we're going to keep working on.

**Mr. Wayne Gates:** I appreciate that, because you were probably one of the few that knew what roads weren't being serviced properly. I drove in Niagara with my daughter and my grandkids to Toronto a number of times, and I did not know how bad the road maintenance was. So I can appreciate the fact that you drive the highways, but I can tell you that so do I and so do our first responders, and they weren't told at all that we had a problem with road maintenance in Niagara and certainly into the GTA. That's why we had a number of fatalities, including, I believe, one in Fort Erie around Sodom Road, that could have been prevented.

If you take a look at the company in Niagara, not this year, but last year, they wouldn't even give us the report. Do you know why they didn't give us the report? They never did fill it out. There were no checks and balances on these companies, and that was a big issue.



I can appreciate the fact that you drive the roads too; the difference is that I didn't know what roads weren't safe, and I didn't know we had the problem that we did. So you've used that line a number of times, including in the House, and I would recommend that you don't use it, because, quite frankly, you might have known, but I certainly didn't. My family didn't. My daughter, who drives those highways every day to go to school, didn't.

**Hon. Steven Del Duca:** If I can ask just really quickly for clarification: I'm not really sure what your point is there about which roads I knew or didn't know about. I guess what I'm saying is that for 42 years, I've either driven as a passenger or as a driver the roads and highways of this entire province, particularly in the GTA and including in Niagara region. The point that I was trying to emphasize there was that I take my responsibility as it relates to highway safety extremely seriously, not just for myself and my own family, but for yours as well, and for the rest of the travelling public that we have.

I will say—and I know you've heard me say it before, but it does bear repeating—that for the last 13 years, this province has ranked first or second across North America for highway safety. I think that's a record that's there as a result of the fact that MTO has done a great job, but it doesn't mean that our work stops. We have to keep our sleeves rolled up, and we have to keep working hard to maintain that kind of service and maintenance.

**Mr. Wayne Gates:** I appreciate that. I guess my point is that I never knew; I didn't know that the companies that we awarded \$87-million contracts to didn't even have the proper equipment to do the job when they did the bidding process. Yes, they might have been \$5 million cheaper, but they didn't have the equipment to perform the job safely for the residents of the province of Ontario.

I believe that one of those companies—I can't prove it, because I can't get the reports, because there was never one filed—was in Niagara. The good news is that they no longer service Niagara—which is probably good news, but I just wanted to say that.

I'll move on to the Nipigon bridge, which you're certainly familiar with.

**Hon. Steven Del Duca:** I am.

**Mr. Wayne Gates:** What is the status of the minister's investigation into the failure of the Nipigon River Bridge?

**Hon. Steven Del Duca:** Obviously over the last number of months that is something that has come to the attention of all of us. I'm trying to think of the best way to describe the seriousness with which we take—I take, again, personally—the importance of continuing to invest in crucial infrastructure, not just in the north, but across the province.

I know that this was a particular infrastructure project that triggered an awful lot of enthusiasm and excitement in northern Ontario and beyond. Again I'll express here today that I was and remain troubled—concerned, I guess; those are the words, but perhaps even stronger words would be more suitable—in terms of what has actually occurred.

I had the chance, within a couple of days of the bridge malfunctioning—I guess that's one way to describe it—to be at the site of the bridge itself to see first-hand what the problem looked like to a layperson; obviously I'm not an expert in this area.

I just want to take a very quick moment to say to the communities of the north that were affected by this, directly and indirectly, including our First Nations partners, that they showed remarkable and commendable patience with respect to working closely with MTO as we moved forward to try to deal in that urgent moment when it first occurred.

I'm obviously not happy at all that this took place. I guess in some respects, on one level, I'm comforted or happy that nobody was injured when the bridge malfunctioned. Of course, again, I've said this publicly, as has Minister Gravelle as the local MPP.

There is an investigation that is currently under way to determine what occurred with respect to all of the different aspects of the bridge and its performance. At the same time, within a number of days, we were able to get both lanes reopened on the bridge in a way that was safe and consistent, and there was a very heavy effort—a strong, robust effort—put in place with respect to inspecting that, to make sure that it was safe when both lanes of traffic are open.

We recognize this is very much about quality of life in the immediate area, but it's also a phenomenally crucial economic link for this province and for this country. So I'm happy both lanes of traffic reopened, happy that the larger project continues, but the analysis or the investigation into what went wrong, so to speak, with the bridge is ongoing.

**Mr. Wayne Gates:** Okay. So who is conducting the investigation?

**Hon. Steven Del Duca:** There is an independent—I'm just actually going to double-check this because I don't want to mislead you, Mr. Gates. I know that MTO is involved, but I'm going to ask either the deputy or ADM Gerry Chaput to come forward and give you more detail.

Gerry will come forward. He will identify himself for the committee and for Hansard, and he will respond with more detail.

**Mr. Gerry Chaput:** I'm Gerry Chaput, assistant deputy minister, provincial highways.

We have two firms reviewing the potential issues associated with the bridge. One is Surface Science Western at Western University. They are performing an analysis. National Research Canada is performing a review as well, and both of those reports will be reviewed by Associated Engineering in Niagara.

1610

**Mr. Wayne Gates:** I missed the last part, sorry.

**Mr. Gerry Chaput:** They will be reviewed by Associated Engineering, which has a branch office in Niagara.

**Mr. Wayne Gates:** Where are they on the investigation?

**Mr. Gerry Chaput:** They are still—

**Hon. Steven Del Duca:** Sorry. Perhaps I can say the investigation is ongoing.

**Mr. Wayne Gates:** I understand that, but I also know that there are some things that have been done. Have you gotten any update on where we're at on it?

**Hon. Steven Del Duca:** The investigation is ongoing. I think it would be premature for us to make any kind of definitive statement until that work is completed. I will say that once it's completed, I'm happy to provide an update publicly.

**Mr. Wayne Gates:** You are aware that they are checking the bolts, although they're not so sure that that's what really was the real problem? I think the first thing that people thought of was the bolts. Have you got any update on it? Has anybody talked to you about it? Do you talk to anybody who's doing the investigation at all? Have you talked to the company that was awarded the work, that obviously built a bridge that only lasted two and a half months?

**Hon. Steven Del Duca:** Again, it's a very thorough investigation. As Gerry mentioned a second ago, it's ongoing. There are multiple firms involved. I want to be in a position to make sure that we do get to the root cause of what's occurred, but I also think that requires that we are focusing on accuracy, waiting for the analysis and the investigation to run its course and for the report to come back to us, in the interest of making sure that we're providing accurate information.

It's an investigation that's ongoing. I would think it's probably most appropriate and prudent for us to wait until that's complete.

**Mr. Wayne Gates:** It's been how many months now?

**Hon. Steven Del Duca:** I don't know the number of months off the top of my head. It's been a few.

**Mr. Wayne Gates:** When do you think it would be finished?

**Hon. Steven Del Duca:** I don't think it's appropriate for me to speculate. Again, what's most important to me here is that we do provide an update, not just to the people of northern Ontario, but the people of Ontario, once we have accurate information based on a completed investigation.

**Mr. Wayne Gates:** Is there an update report? Is there going to be a report that comes out that will be made public?

**Hon. Steven Del Duca:** I anticipate that there will be a public update once the investigation has been completed.

**Mr. Wayne Gates:** Do we have any of the cost?

**Hon. Steven Del Duca:** The cost of—?

**Mr. Wayne Gates:** Of the companies that you hired, what's the cost for them to do it?

**Hon. Steven Del Duca:** Again, their work is ongoing, so it would be premature for me to make a comment specifically on the cost that's being undertaken as a result of the investigation.

**Mr. Wayne Gates:** Did they give you any estimate on the cost? Usually, if you're going to hire somebody—

**Hon. Steven Del Duca:** The cost of the investigation itself?

**Mr. Wayne Gates:** Usually, you're going say, "For us to do this, it's probably going to take us three, four or five months"—whatever they told you; I have no idea. But they usually wouldn't do it and say, "We'll give you a bill when you're done." There's usually a cost to it.

**Hon. Steven Del Duca:** I don't have that information here. I know there's a ton of work that's being dealt with in this regard. It's already obviously gone on for a little bit of time. It will continue to go on until it's completed and we have the accurate information. At that point, again, a public update is something that I expect I'll be making at that point.

**The Chair (Ms. Cheri DiNovo):** Mr. Gates, you have just over two minutes left.

**Mr. Wayne Gates:** Two minutes? Okay.

Can we get a copy of all reports on the bridge?

**Hon. Steven Del Duca:** I don't know what you mean by all the reports, sorry.

**Mr. Wayne Gates:** All reports that are dealing with the bridge buckling.

**Hon. Steven Del Duca:** I'm happy to take that back. I'm not in a position to confirm because it's a very broad ask. I don't know exactly what that means.

**Mr. Wayne Gates:** I'm sure somebody on your staff can help you out with that one. I'm sure you get lots of reports.

Since the bridge buckled, obviously—we were lucky. I appreciate the fact that you acknowledge that nobody was injured, but we're probably just as fortunate that nobody was killed when it happened.

I would think that since that time there has been a number of reports by a number of companies, including some with maybe the engineers who did the work, all that kind of stuff. There were some false reports out there that they weren't local engineers, as you know. But I'm sure they give a report and—

**Hon. Steven Del Duca:** I'm not sure what you define as "local" in that regard. Regardless, I would say that all of the work that's been undertaken so far by MTO and any other associated or affiliated contractors—however those might be defined—I would argue as part of the overall comprehensive review and investigation that's being undertaken, as soon as the review has concluded and I have accurate answers, I'll be able to provide a public update.

**Mr. Wayne Gates:** Okay, I'll get this one out quickly: When the project has reached substantial completion, does the MTO representative conduct a final inspection to verify that the bridge is free of defects? And can we please get a copy of that report for the Nipigon River Bridge?

**Hon. Steven Del Duca:** I don't know how much time is left, but the answer to the first half of the question is yes. The answer to the second half of the question is that I will take that back and look into it.

Gerry, if you would like to elaborate.

**Mr. Gerry Chaput:** For clarification, the project is not completed. It was the completion of a certain phase,



so there was no substantial completion yet on that project.

**Mr. Wayne Gates:** Can you lean into your mike? For whatever reason I can't seem to hear it. I could be showing my age.

**Hon. Steven Del Duca:** I'll say what Gerry said: The project is not completed. Okay? I don't know what percentage the work that's been done would represent, but the project was not completed even when it was open prior to the malfunctioning.

**Mr. Wayne Gates:** How much was left to be completed?

**Mr. Gerry Chaput:** They have completed the north side of the bridge. They have to put up another tower and complete two more lanes on the south side of the bridge.

**The Chair (Ms. Cheri DiNovo):** I'm afraid you are now out of time.

**Mr. Wayne Gates:** Thank you.

**The Chair (Ms. Cheri DiNovo):** We'll move to the government side. Ms. Kiwala.

**Ms. Sophie Kiwala:** Thank you again for being here with us today. I'm actually really excited to talk to you today about ferries in Kingston and the Islands. I'm always going on and on about the fact that I'm in the only riding in Ontario that can say "and the Islands" after the name or as part of the name of my riding. I am very, very proud of the island communities, Wolfe Island and Howe Island.

**Mr. Han Dong:** I have islands.

**Ms. Sophie Kiwala:** Sh.

As you know, we had quite an experience with the Wolfe Islander III going into the mandated dry-dock inspection service. It's something that can't be avoided, and it's completely natural that this is something that needs to happen. When such a large part of the vessel is, obviously, under water, many different parts of the vessel need to be investigated and tested. I know that there were a number of things that came up when the vessel was in for inspection that weren't anticipated. I'm very grateful for having that federally mandated process.

But at the same time, as you know, it was very challenging for my community of Wolfe Island, Amherst and Glenora because of the ripple effect of having to take a ferry from Glenora to Amherst when Glenora had two, and having to take Frontenac II over to Wolfe Island, and using a dock that was not the central dock. The dock that the summer ferry usually goes to accesses all of the businesses in the docking area, so there was an effect, obviously, on the businesses, and they really did suffer throughout the course of the summertime.

I understand that the work needed to be done. Everybody knew that. I have to say that we very, very much appreciated having you come to Wolfe Island to talk to the residents about what was happening and what the timelines were and what we were dealing with.

I just wanted to get some feedback from you on what we are going to do to ensure that something like this doesn't happen again in the future. I think that it will be

important for my community to assure them that we've got a plan in place. I welcome your thoughts.

**Hon. Steven Del Duca:** Great. Well, thank you very much for your comments and for the question itself. I know I did reference this yesterday in one of my 30-minute opportunities to talk, generally speaking, about some of the outstanding work that we're doing via MTO across the province.

I did talk about the occasion, the opportunity that I had to come to your riding, to Wolfe Island, to literally be there in that town hall setting that we had. I think it's interesting to be this many months beyond, this many months removed, and this far away from your community. But for those who weren't there—and almost everyone in the room wasn't there, aside from you and I and Andrea from my office, who was there with us as well—it was quite a remarkable meeting. The turnout was huge, not just from Wolfe Island but from some of the neighbouring islands.

I think I mentioned yesterday that it was really impressive to see the passion, the concern and the frustration, to be really frank, that your constituents and others from nearby islands had felt with respect to recognition that the dry-dock process, the inspection process—which is federally mandated every five years—is important, from a safety standpoint. The one thing that became clear to me was just concerns about the fact that there were unforeseen delays, for very good and compelling reasons, given how significant the refurbishment was of the Wolfe Islander III, but just concern that there wasn't a clear understanding of what those challenges were.

Obviously, in a community where everybody is very tightly knit—and this is the crucial transportation link between the islands and the mainland, obviously—there were just concerns around a lot of the speculation that existed in the community.

**1620**

So to be able to come there in person—I know after many months of you hearing it directly as the local member—was very useful in terms of the message that I was able to convey back to not only eastern region MTO staff, but the rest of the team that works down here, I guess, at headquarters, with respect to making sure that we not only put the Wolfe Islander III back into service at the soonest possible time, with all of those very necessary, federally mandated refurbishments, I suppose I'll call them, but also to make sure that we listen loud and clear about the need for additional—not quite redundant service, but I'll call them redundancies in the system to help, because of course, other ferries in the system will, as time goes on, according to that federal requirement, come out of service, go into dry dock, be inspected, be refurbished and put back into service.

A couple of things by way of a specific update: As a result of your advocacy, MPP Kiwala, and the great work that you've done in the community, and generally speaking how loud and clear the message has been to MTO from the community, there are a couple of things—and I don't normally read from notes, but on this one, I

don't want to put the wrong information into the record and cause anybody any anxiety, so I'm going to make sure that I'm being very explicit on this one.

We have started an environmental assessment to provide an extra ferry and to undertake dock improvements for Wolfe Island. That, I know you're very aware of. We expect this study to finish by 2017.

Then, the other piece of the exciting news: In addition to the second ferry at Wolfe Island, in this year's provincial budget—again, thanks exclusively to your advocacy and you being an extraordinary champion for your community—the government of Ontario committed in this year's budget to invest \$20 million to build a new backup ferry for the eastern region fleet. This will help, of course, add to that redundancy that I talked about a second ago within the system, so that people have comfort knowing that, as we go forward and have to deal with those federal requirements, we're not forgetting about the very profound and important needs that they have in their respective communities.

Just to be clear, the new vessel is intended to operate at Amherst Island, and will ensure that a backup is available to reduce the impacts of dry docking, as I've talked about. It's also going to support our contingency plans should there be an extended, unplanned service outage like we experienced with the Wolfe Islander III because of the additional work that was required and some of the inspection delays, mostly on the federal side, from what I recall.

I should also note, and I know you know this, that that Amherst Island ferry will not require an environmental assessment, as it will not be adding capacity to any of our current ferry services. One thing many committee members might not know—although I did talk a little bit about it yesterday, about the town hall, specifically on Wolfe Island—is that both you and I had the chance to go down to the dry dock itself and witness some of the work that was happening and speak with the skilled tradespeople and those others who were working on the Wolfe Islander III in Hamilton to see in person, very up front and up close and personal—that's the phrase that I was looking for—some of the work that was taking place, which I'm quite sure was encouraging to folks back in Kingston and the Islands.

I should actually be saying thank you to you, not only for the advocacy, but also for encouraging me to come to your community and hear very directly and in a very frank and honest way from your community about how concerned they were. Again, just to repeat, it's that advocacy and that sense of being there to see it first-hand that certainly made all of us at MTO feel the urgency. We'll continue to go forward and deliver on the commitments that we've made.

**Ms. Sophie Kiwala:** I very, very much appreciate that opportunity to work with you on that challenging issue in our community. I know that all of my community would like to extend the same thought to you. I think that having that opportunity to work closely together whenever any challenges like that come up in our commun-

ities—it really helps to have that contact. I really want to give you a shout-out on behalf of Kingston and the Islands for your work, so thank you.

**Hon. Steven Del Duca:** Thank you.

**Ms. Sophie Kiwala:** I'm going to pass it over to my colleague.

**The Chair (Ms. Cheri DiNovo):** Mrs. McGarry?

**Mrs. Kathryn McGarry:** Thank you very much for the opportunity to talk about cycling. We've gone from road and rail to ferries and now to cycling. As you know, Minister, in 2013, we launched our first #CycleON Action Plan 1.0. It came out of years and years of advocacy work by the cycling groups in Ontario who have been really at the forefront of trying to ensure that the province of Ontario was going to be a premier cycling destination. That talks to tourism and rural and northern economic development issues.

When we look at the health benefits, getting out and getting exercise, whether you commute to work or get out on the weekend and cycle, it has very definite benefits leading forward—and I always say, “Wear your helmet.”

It also has a great impact on reducing greenhouse gas emissions because riding a bicycle doesn't create any of those kinds of emissions. But it also helps to address some of the issues around congestion, and getting people out of cars is important.

I know that in these urban municipalities that have good snow-clearing areas, many people actually choose to cycle year-round. My daughter is a millennial, and she actually does that here in downtown Toronto. She went out and made sure that she upgraded her cycling gear so that she could cycle most of the year, and she certainly does that.

All of these things are very, very important. I think that, when the #CycleON strategy 1.0 identified \$25 million worth of dedicated funding, it was great because it was divided up, as you know, for \$15 million for provincial highway network and then \$10 million worth that we're just announcing recently over cycling infrastructure money.

With all that and looking at the overall network in Ontario of cycling trails that will help to advance that tourism capacity, the main thing that we've been hearing back from the cycling groups and at the bike summit, which I just appeared at just this past month, in April, is really around cycling infrastructure, whether it be a dedicated trail or infrastructure, meaning a safe way around a bridge or an intersection or even bike racks that would appear in front of a shopping area or a school—all of these things are important.

What improvements do you see to cycling infrastructure for Ontario? What can you see in the next year or two or into the future?

**Hon. Steven Del Duca:** Well, thanks very much for the question. I should start off by, frankly, paying tribute to you, MPP McGarry. As I mentioned yesterday—I think that the committee knows because I've said it a few times, but it's worth repeating—we serve together. You



serve as my parliamentary assistant. Cycling is one of many specific files that I know you've shown extraordinary leadership on over the last couple of years.

I know that you had the opportunity to be not only at, for example, as you mentioned, the bike summit a few days ago, but also visiting a number of communities—those that are recipients of some of the funding that we put out through the Ontario Municipal Cycling Infrastructure Program—and also a number of other communities, regular gatherings of our municipal partners like AMO and ROMA/OGRA and other opportunities bilaterally where you've had to hear very directly from our municipal partners, cycling clubs, cycling aficionados, the tourism industry, as you've pointed out, and so many more.

To have absorbed all that information and to be providing direct feedback into MTO to help shape some of our plans and programs on this issue, which is crucially important going forward—is something for which I am deeply grateful. So thank you to you for that advocacy and for continuing to remind me—not that I need reminding—how important it is that we get this right.

You did talk about #CycleON. We discussed it a little bit yesterday: a total of \$25 million; the \$10-million portion over two years through the Ontario Municipal Cycling Infrastructure Program—money that has started to flow. We've announced, as I said a second ago, over the last couple of months, some significant funding amounts for communities in which this news has been very well received, from the municipalities themselves, from local media, from others at the local level and from communities. I know that, in my own case, I've had the chance to be in Orillia and I've had the chance to be in a couple of other communities, including Hamilton, Markham, York region—my home region. I know that you've literally been to a number of these communities. The response, not only from those who were receiving money through this program, for me has kind of been off the charts.

1630

But the other thing that's interesting to note is that when we put out into the so-called market, let's call it, back in I believe July 2015, to our municipal partners that they were going to have an opportunity to try to access, through the program, through the application process, some funding from that \$10 million, nearly 150 municipalities submitted expressions of interest for funding. When you think about that for a second, that's a third, essentially, of all Ontario municipalities that came forward—150 out of the 444 that we have in Ontario—to tell us that they had a plan, that they had an interest, that there was a desire at a local level to support some of their cycling aspirations for their own communities.

I think that speaks very strongly to how much the yardsticks have moved with respect to active transportation and all that that includes over the last few years alone. It shows there's an exceptionally strong desire for more support and more funding. I think that MTO will continue to work with our municipal partners and the

cycling world to make sure that we can continue to provide support. I know that you'll certainly continue to be a very strong advocate in this regard. I have no doubt, the next time we gather collectively at AMO and over the course of the summer, that we're going to hear again, loud and clear, from our municipal partners how encouraged and grateful they are, but also the fact that there's an ongoing demand and appetite for more support. That's something that we'll be continuing to work closely with them on.

Thank you again for the work that you've done on this.

**Mrs. Kathryn McGarry:** Thank you for that. I know that it was an interesting time a couple of years ago when there were a couple of municipalities that I met with on behalf of MTO that were there at the table and didn't believe that cyclists should even be on the road. A year later, I met them again, and the municipalities on either side of them—I don't remember which municipality it was—those other neighbouring municipalities had actually brought a cycling strategy into their council and had started to develop it, and suddenly the municipality that didn't believe that cyclists should even really be on the road was now being asked to contribute to extending a network of trails through their own municipalities that would connect with the neighbouring ones. They remarked on how amazed they were at what it did to that small, rural municipality and how much more interest there was from people cycling through there, stopping and being able to take advantage of their small downtown, get off their bikes and have a meal or look around. So they had already seen within a year the benefits of getting on board and looking after that, so it's helpful.

When it comes to cycling, some people are still a little nervous because of the safety aspects of getting on their bikes and being able to get out there. I know that in this past year and a half, we have brought in the Making Ontario's Roads Safer act, Bill 31. There were some provisions regarding cycling safety, such as the one-metre safe passing rule where practicable. Another one is the increased fines and more demerit—

**The Chair (Ms. Cheri DiNovo):** Ms. McGarry, you have about two minutes left.

**Mrs. Kathryn McGarry:** —regarding dooring cyclists and ensuring that that's going to assist cyclists with their safety.

My question would be, how is the rollout going with some of those provisions in Bill 31, and is there any future legislation that we may be looking at in terms of keeping pedestrians and cyclists safe?

**Hon. Steven Del Duca:** Great question. I don't have a lot of time, but I would say that it's obviously landmark legislation that we were able to pass. I mentioned this yesterday: It passed unanimously in the Legislature. MPPs from all three parties stood in their place at virtually all stages of that legislative process. That alone, the fact that we had unanimity on this legislation, really helps to underscore how far we've moved collectively on making sure that we are all working on this notion of

keeping the roads and highways that we have in this province for all users, sharing our roads, whether we're talking about pedestrians, cyclists, motorists, passengers in vehicles—the whole list is there. That's why we introduced all of the sanctions you mentioned a second ago specifically around cycling, but we also included increased penalties or sanctions for alcohol-impaired driving and, for the first time ever, having stronger sanctions around drug-impaired driving and distracted driving, which we all know is a significant and growing challenge that we experience with respect to our road safety.

It's great legislation that was passed, but that doesn't mean that our work ends. I know that folks—including Heidi Francis, who's here, who heads up our road user safety division—are consistently and constantly doing very extensive analysis of what's taking place in other comparable jurisdictions, to make sure that MTO remains and Ontario remains right at the forefront of road safety. We'll keep our eyes open and we'll keep our hands on the wheel. That's something we have to do at all times.

We'll keep reminding people, particularly our youngest drivers, that they have to stay focused on the task at hand, as it relates to that general sense of sharing the road.

**The Chair (Ms. Cheri DiNovo):** I'm afraid the government's time is up.

**Hon. Steven Del Duca:** Thank you, Chair.

**The Chair (Ms. Cheri DiNovo):** Thank you, Minister.

We now move to the official opposition. Mr. Harris?

**Mr. Michael Harris:** Minister, we're going to talk about winter maintenance. The Kenora contract: I have here the approximate total annual costs by contract for the contract that was awarded for 2013-14 at \$10,342,563. Was that the specific contract for the duration for the entire fiscal year of 2013-14?

**Hon. Steven Del Duca:** I'm going to ask if there's a—oh, here comes Gerry, who will again identify himself for Hansard.

**Mr. Michael Harris:** He's already introduced himself once.

**Hon. Steven Del Duca:** Yesterday the Chair was quite strict on this.

**Mr. Gerry Chaput:** Gerry Chaput, assistant deputy minister, provincial highways management.

Your question, Mr. Harris?

**Mr. Michael Harris:** The Kenora contract for fiscal 2013-14: \$10,342,563. When was the contract changed in Kenora? Was it in the 2014-15 fiscal year?

**Mr. Gerry Chaput:** The contract was re-tendered in February of this year, yes.

**Mr. Michael Harris:** Of 2015?

**Mr. Gerry Chaput:** Of 2016. But that would have been 2015-16 fiscal year.

**Mr. Michael Harris:** Do you have the approximate total cost of the contract for 2014-15?

**Mr. Gerry Chaput:** For that one year?

**Mr. Michael Harris:** Yes, the Kenora contract—2014.

**Mr. Gerry Chaput:** It would be that \$10 million.

**Mr. Michael Harris:** Well, no, this is 2013-14. So what's 2014-15?

**Hon. Steven Del Duca:** It's the same contract.

**Mr. Gerry Chaput:** It's the same contract.

**Mr. Michael Harris:** So you're saying that the total cost for that contract is flatlined? There are no increases, year over year?

**Mr. Gerry Chaput:** Contracts are based on a lump sum per year, and a total after the total term of the contract of whatever the term may be—10 or 12 years, or eight years.

**Mr. Michael Harris:** So a 10-year contract divided by the number of years—that's the fixed price?

**Mr. Gerry Chaput:** It's at that price per year, yes.

**Mr. Michael Harris:** For the 10 years.

**Mr. Gerry Chaput:** Now, there is some additional work for work orders, usually in the summer—

**Mr. Michael Harris:** Yes, excluding those things. What will be the approximately total cost in this fiscal year for the Kenora contract?

**Mr. Gerry Chaput:** I don't have that number specifically with me but I can get that value per year.

**Mr. Michael Harris:** You don't have that number? Does anybody have that number? How come you don't have that number?

**Hon. Steven Del Duca:** Well, we can take that one back.

**Mr. Michael Harris:** So that was re-tendered out in February of—

**Hon. Steven Del Duca:** This year.

**Mr. Michael Harris:** Of 2016, for Kenora? How many bidders did you receive on that?

**Mr. Gerry Chaput:** I believe we had three bidders.

**Mr. Michael Harris:** Three bidders for the Kenora contract? We're talking Kenora, right? Three bidders for the—

**Mr. Gerry Chaput:** Oh, sorry. Kenora?

**Hon. Steven Del Duca:** It was just one.

**Mr. Michael Harris:** You're thinking Sudbury. I'm going to get to that in a minute. So one contractor for Kenora.

**Mr. Gerry Chaput:** Yes.

**Mr. Michael Harris:** One bidder. And who was the successful bidder?

**Mr. Gerry Chaput:** Emcon.

**Mr. Michael Harris:** Where are they out of?

**Hon. Steven Del Duca:** British Columbia.

**Mr. Michael Harris:** BC? I really need to get that number for this fiscal year. And that was a 10-year contract, as well?

**Mr. Gerry Chaput:** No, the new contract is not a 10-year term.

**Mr. Michael Harris:** How long are they?

**Hon. Steven Del Duca:** We'll take that one back as well.

**Mr. Michael Harris:** Come on. You don't know how long the contract's for?



**Mr. Gerry Chaput:** Because we changed all our contracts and there are over 20 contracts and the terms are all being changed, it's quite difficult to remember all of the individual—

**Hon. Steven Del Duca:** We'll take that back.

**Mr. Gerry Chaput:** We'll take it back.

**Mr. Michael Harris:** Where are you taking it back to? Anyway, I'll come back to that. Sudbury's contract, the duration—we're in year what of what?

**Hon. Steven Del Duca:** What was the duration of the total contract?

**Mr. Gerry Chaput:** I think it was a 12-year initial contract. I believe we are in close to year three or four.

**Mr. Michael Harris:** That's DBi?

**Mr. Gerry Chaput:** That is with DBi, yes.

**Mr. Michael Harris:** So year three or four. Now, they have since given notice—or you've parted ways, or were supposedly parting ways—at the end of next year, so that would be the end of the season of 2017, right? They would be done in spring of 2017?

**Mr. Gerry Chaput:** We've actually got an agreement with them to—

**Hon. Steven Del Duca:** That was the original plan, yes.

**Mr. Gerry Chaput:** That was the original.

**Mr. Michael Harris:** That was the original. So what now? You've extended that for how many years?

**Mr. Gerry Chaput:** I believe it's two plus one.

1640

**Mr. Michael Harris:** So, if it was a 12-year, and you're saying you're in year three or four, they would have roughly seven to eight years left. But now you're saying they have backed out, or given notice, but you've extended it for two years, so they'll be finishing in what: the spring of 2019 roughly? So I have \$10,300,257—that would have been each year. Can you tell me what the total cost for the Sudbury area maintenance contract at the renegotiated price will be?

**Hon. Steven Del Duca:** For the extension? I don't think we have that information with us here, so we'll take that one back as well.

**Mr. Michael Harris:** Minister, I'm going to have to tell you that I'm extremely disappointed. This is the estimates committee, where we are reviewing the estimates of your ministry—

**Hon. Steven Del Duca:** Right.

**Mr. Michael Harris:** —and I'm asking simple math questions about significant contracts.

Deputy, do you have the answer to this?

**Hon. Steven Del Duca:** As I said a second ago, we're going to take that one back and look into it.

**Mr. Michael Harris:** I want you to know that you should be taking this committee more seriously.

**Hon. Steven Del Duca:** I'm taking it very seriously.

**Mr. Michael Harris:** The estimates are to be reviewed, and I'm asking—

**Mr. Grant Crack:** Point of order, Chair.

**The Chair (Ms. Cheri DiNovo):** Point of order: Mr. Crack.

**Mr. Grant Crack:** I think the member opposite should be asking the minister questions, as opposed to making commentary, which is unparliamentary, in my opinion.

**Mr. Michael Harris:** It's not a point of order. Anyway—

**The Chair (Ms. Cheri DiNovo):** Back to Mr. Harris.

**Mr. Michael Harris:** —we're here to ask estimates questions of your ministry. You've brought a lot of your staff here today. Someone should have this number. This is a \$10-million expenditure of your ministry, and you can't tell me the cost of the contract.

**Hon. Steven Del Duca:** I know that—

**Mr. Michael Harris:** I think that Ontarians would be embarrassed to know that their minister and the bureaucrats who work at the ministry have not come prepared. I don't know if we should take a 20-minute recess to have them discuss and bring back simple information—

**The Chair (Ms. Cheri DiNovo):** I would remind the member that perhaps unlike in other committees, in estimates the minister is under no pressure, or there's no necessity for him to give you responses, quite frankly. You can ask the questions—

**Mr. Michael Harris:** Do you want to take a 20-break?

**Hon. Steven Del Duca:** No. I'm enjoying this.

**The Chair (Ms. Cheri DiNovo):** I don't see why that would be necessary. Please continue with your questions, Mr. Harris.

**Mr. Michael Harris:** All right. You know what? We ask ministers and their staff to come. This isn't programming; these are number questions that you should have the answers to. You should have the answers.

I want you to tell me, or come back to me with the total cost of the Sudbury contract—the revised cost for the remaining years. You recently went out to tender for the Sudbury AMC. You're saying you had three bidders. Who were those bidders?

**Mr. Gerry Chaput:** We had DBi.

**Mr. Michael Harris:** Who else?

**Mr. Gerry Chaput:** IMOS.

**Mr. Michael Harris:** Sorry?

**Mr. Gerry Chaput:** IMOS. The third one is escaping me. I think it was Belanger.

**Mr. Michael Harris:** Who was the low bidder of those three contractors?

**Mr. Gerry Chaput:** The contract was not awarded.

**Mr. Michael Harris:** Who was the low bidder?

**Hon. Steven Del Duca:** Because the contract was not awarded, we're not in a position to comment on what the bids were, specifically.

**Mr. Michael Harris:** If a contract is tendered publicly—and this was a public tender—how come these prices aren't public information?

**Hon. Steven Del Duca:** Because there was a non-award in this case.

**Mr. Michael Harris:** Did you open the tender?

**Hon. Steven Del Duca:** There was a non-award in this case.

**Mr. Michael Harris:** But the tender would have been opened. Would it not typically be public information if you've called for a tender—

**Hon. Steven Del Duca:** Only once the contract is awarded.

**Mr. Michael Harris:** So only when it's been awarded do they disclose on the MTO's website?

So, DBi was the incumbent contractor. You have mutually parted ways, or what have you; you've given an extension. And yet, you allowed them to re-bid?

**Hon. Steven Del Duca:** Yes.

**Mr. Michael Harris:** Can you explain how that makes sense?

**Hon. Steven Del Duca:** We were following procurement rules for the government of Ontario.

**Mr. Michael Harris:** So the Sudbury contract was a 12-year contract as well?

**Mr. Gerry Chaput:** I believe it was in that area, 10 to 12 years.

**Mr. Michael Harris:** Where were you, roughly, between zero to 12?

**Hon. Steven Del Duca:** In the third or fourth year, as Gerry said a moment ago.

**Mr. Gerry Chaput:** Somewhere in the third or fourth year, I believe.

**Mr. Michael Harris:** In the past, how many contracts of this calibre of project—\$10 million-plus—have you allowed a contractor to walk away from mid-contract? And were there any penalties that were levied against this contractor for walking away? Can someone answer that?

**Hon. Steven Del Duca:** The first part of your answer you would already know. As an example, in the Kenora area, there was a mutual agreement between MTO and the contractor in that case to exit the contract so that—

**Mr. Michael Harris:** Right. No penalties?

**Hon. Steven Del Duca:** Penalties as a result of the exiting of the contract? No. That kind of seems in contravention of a mutual agreement to walk away, to mutually agree to exit the contract. Assessed penalties would be—as it relates to the exiting of the contract specifically? That wouldn't be in the spirit of a mutual agreement to exit the contract.

**Mr. Michael Harris:** Sudbury: same thing. You mutually agreed to walk away.

**Hon. Steven Del Duca:** A mutual agreement to exit the contract.

**Mr. Michael Harris:** Without any penalties.

**Hon. Steven Del Duca:** Again, to assess penalties for the exiting of the contract? No, because, again, that would be philosophically—

**Mr. Michael Harris:** What does it say to bidders bidding for MTO or even provincial work, if they're bidding a long-term contract like this, that, frankly, at any time during the duration of a contract, they can walk away from it if they don't like it? What does that say to people?

**Hon. Steven Del Duca:** I don't accept the premise of the question, for a couple of reasons.

**Mr. Michael Harris:** But that's what happened.

**Hon. Steven Del Duca:** I think the reason I don't accept the premise—there are a couple of reasons. One is, I think—

**Mr. Michael Harris:** No, I'm asking what—

**Hon. Steven Del Duca:** And I'm answering. You asked a question; I'm answering it. I'm telling you, from my perspective, what's most important for the Sudbury area, for the Kenora area, for the rest of the areas that we have across the province. What's most important to me is that we're providing not just winter maintenance but year-round maintenance on all of our highways for which we are responsible that is up to the standards the people of Ontario expect and deserve. Part of that flows from contractual obligations; part of that flows, obviously, from the generic philosophical responsibilities—

**Mr. Michael Harris:** So you're saying that the standards that were out there were not up to your expectations.

**Hon. Steven Del Duca:** I think the auditor's report speaks for itself: eight recommendations. I accepted all eight. We are deploying our action plan, and we've had some, I think, fairly strong success in the year after the AG's report. But our work is not done.

**Mr. Michael Harris:** But the standards were basically ones that you and your ministry wrote; correct?

**Hon. Steven Del Duca:** Again, the auditor came out with a report, as you well know, because you ask me questions about it repeatedly in the Legislature and talk to media about it repeatedly as well. Eight very clear-cut recommendations flowing from the auditor's report: We've accepted all eight. We are in process still with respect to deploying our action plan in response to that report. I think we've had some success in the first year following the report, but we still definitely do have more work to do.

**Mr. Michael Harris:** Again, a 12-year contract—the contractor walks away from the contract or mutually parts ways.

**Hon. Steven Del Duca:** Yes.

**Mr. Michael Harris:** For what reason?

**Hon. Steven Del Duca:** Again, at the end of the day, when the goal, from our perspective, is to make sure that the maintenance that's being provided on a year-round basis is up to the standards that are required and that's effectively not necessarily the case, there comes a point at having that mutual decision to exit the contract so that we can ensure, going forward, that we're in the strongest possible position, whether it's Sudbury or Kenora or elsewhere, that we're providing that maintenance.

**Mr. Michael Harris:** So tell the committee how it makes sense, then, if you mutually part ways and then allow the contractor that you're parting ways with to re-bid.

**Hon. Steven Del Duca:** Again, when we proceed with our procurement, we are bound, and I think rightly so, to the general procurement policies that exist within the ministry, within the government. From my understanding, we followed those. It's like any other procurement. There has to be a bid coming in that's responsive to the



procurement with all of the different moving parts that would be contained in what's required of the ministry to do its work. In this case, as Gerry mentioned a second ago and as I've said as well, there was a decision to not award the contract—

**Mr. Michael Harris:** Why not?

**Hon. Steven Del Duca:** In terms of that overarching responsibility to deliver on the maintenance required for the Sudbury area, we felt it was the most responsible thing to do—to not award in this case. The extension for this particular contractor is there so that we can now, for the next couple of not just winter seasons, but we're talking about winter maintenance, make sure that we have a maintenance contractor in place to do their work and do their work appropriately.

**Mr. Michael Harris:** Can you tell me, then, with the Sudbury contract listed at \$10,327,257, if that will be the number that will be paid to DBi in the two extension years? Will that be the number that they are being paid? 1650

**Hon. Steven Del Duca:** Again, I think that's very similar to the question you asked a little bit earlier. You wanted to know what the cost of the extension was—essentially; I'm paraphrasing—and I've undertaken to take that back.

**Mr. Michael Harris:** Are you aware of any increases to the Sudbury AMC contract?

**Hon. Steven Del Duca:** I am aware that with the extension, we are putting ourselves in a position to make sure that for the travelling public, as I call them, in the Sudbury area, there will be maintenance year-round that they can expect and deserve.

**Mr. Michael Harris:** Well, we hope that, but will there be increases to the taxpayer for the Sudbury AMC in the following two years? I'm not asking you to give me the number. Will there be an increase year over year?

**Hon. Steven Del Duca:** I think people in the Sudbury area can take great comfort in knowing that we will structure our maintenance to make sure that they are receiving—again, whether it's winter or any of the other three seasons we have in this beautiful province—the winter maintenance and the spring, summer and fall maintenance that they deserve.

**Mr. Michael Harris:** So when you extended the contract for two years, did you change the terms of the delivery within the contract for those two years, as well? Has the scope of the contract changed?

**Hon. Steven Del Duca:** When you say “delivery,” sorry, what do you mean?

**Mr. Michael Harris:** The scope of the contract—has it changed? We're in year three or four, going into five or six. Has the scope of what they've been asked to deliver changed?

**Hon. Steven Del Duca:** I think you would know that over the last couple of years, when I've responded to questions—not just unique to the Sudbury area, but generally speaking, when I've responded to questions in the Legislature about some of the additional resources that we brought to bear through a couple of different

provincial budget cycles—that more equipment, more materials have been deployed, I guess is the best way for me to describe it, in a number of our contract areas.

That is part of the ongoing evolution or iterative process that we're engaged in with our contractors, which is largely in response to two things. One is the internal review that MTO conducted prior to a committee of the Legislature asking the auditor to examine winter maintenance, and then the second part of the response flows from the recommendations that the auditor provided. I will say that right across the province, in many if not all of our contract areas, there is an ongoing evolutionary process as a result of the dialogue between the ministry and the contractors to make sure that we're following through on the eight recommendations that the auditor provided—

**Mr. Michael Harris:** Moving on to Ottawa: Ottawa is another biggie. Ottawa, Kingston and east—I know that the member from Kingston is here; she'll want to know this, because I'm sure her constituency office has received phone calls about winter maintenance or the lack thereof along the 401 stretch in Kingston and Ottawa.

So \$15,984,300: That was recently—what year are we in? It's a 12-year contract. What year are we currently in of that contract?

**Mr. Gerry Chaput:** I believe it's year four on that as well.

**Mr. Michael Harris:** Year four. And the contractor that performs that work?

**Mr. Gerry Chaput:** High Road Maintenance or Cruickshank construction.

**Mr. Michael Harris:** High Road? Now, they've also mutually parted ways, correct?

**Mr. Gerry Chaput:** Yes.

**Mr. Michael Harris:** Have you given High Road an extension in that contract?

**Mr. Gerry Chaput:** No.

**Mr. Michael Harris:** No, you have not? So that was put out to tender recently, correct? The Ottawa AMC and Kingston were recently put out to tender?

**Mr. Gerry Chaput:** Yes.

**Mr. Michael Harris:** How many bidders would you have received bids from for that?

**Mr. Gerry Chaput:** I believe we received three.

**Mr. Michael Harris:** Three bids. Was High Road one of them?

**Mr. Gerry Chaput:** Yes.

**Mr. Michael Harris:** Who were the other two?

**Mr. Gerry Chaput:** I believe it was Carillion and IMOS.

**Mr. Michael Harris:** Now, you've not awarded that contract yet, have you?

**Mr. Gerry Chaput:** That's correct. It's a non-award.

**Hon. Steven Del Duca:** It's another non-award.

**The Chair (Ms. Cheri DiNovo):** Mr. Harris, you have about two minutes left.

**Mr. Michael Harris:** It's a non-award?

**Hon. Steven Del Duca:** Yes.

**Mr. Michael Harris:** How come a non-award?

**Hon. Steven Del Duca:** Well, again, as I said a second ago with respect to the Sudbury contract area, what's of paramount importance to the ministry and to myself is that when we go forward with these procurements, if they are awarded, we're doing it in a manner that is consistent with—

**Mr. Michael Harris:** I know for a fact that you would have been told of these three prices when they came in. Were they substantially more—or more—than the \$15,984,300 that we're currently paying?

**Hon. Steven Del Duca:** Again, my primary responsibility is to make sure that when we award any of these contracts—not just for winter maintenance, frankly, but for any of the contracts that are awarded through the Ministry of Transportation—at the end of the day, the result that we are receiving as a result of that award is something that makes sense; that it actually provides the outcome that we are responsible for providing.

**Mr. Michael Harris:** But you and your ministry wrote the specification. You're the ones who put the spec out into the street, per se. Were you not happy with the specification that you put out? Or are you not happy with the price that you received, because it was substantially more than—

**Hon. Steven Del Duca:** Well, again, I think that at the end of the day, it's not just a question of the specifications, which I know, as a result of the very strong work that is being done by Gerry and the team in our provincial highways management division on this particular file—in some respects, in response to that Auditor General's report and the very important ongoing dialogue that exists with all of our area maintenance contractors, we want to be best positioned to award contracts that will provide the maintenance that the people of, in this case, the Ottawa and Kingston area are looking for.

**Mr. Michael Harris:** I think Ontarians would say, if you're following it like I am, that you've got Kenora that was re-tendered one better, and you've got Sudbury that was broken midway through the contract. You've put a spec out onto the street that's significantly expensive to price. You're not awarded it. You've extended their contract, as well as Ottawa. They're going to get the same, watered-down service that they've received in the last X amount of years that have led to a lot of these problems. Frankly, I've asked for these numbers and you should have been prepared for these numbers.

**The Chair (Ms. Cheri DiNovo):** You're out of time, Mr. Harris.

We're going to move on to the third party. Mr. Gates.

**Mr. Wayne Gates:** Thanks very much, Chair. I appreciate it.

I wasn't going to go back to road maintenance but I think I will because it's actually fascinating to me, seeing that I've bargained a lot of collective agreements over my career. Why would you do a 12-year contract?

**Hon. Steven Del Duca:** Gerry can probably elaborate on this because a number of these contracts were awarded before I arrived at the ministry, but I think from when you look at the evolutionary process around how highway maintenance has been handled, it has changed

through a number of generations. I use the term “generation” kind of loosely. I don't mean 25, 30 or 50 years; I'm talking about generations in a more narrow sense.

When you're inviting the private sector to come in and bid and make investments that are substantial—whether we're talking about equipment, some of the other aspects or some of the other moving parts that are required for them to perform on the contracts that they're bidding on, if they should receive them—there needs to be some kind of runway or length of time so that the investment that they're making in order to respond to a contract that they might ultimately be awarded is there for a long enough stretch of time. The equipment we're talking about is not inexpensive. It is fairly expensive. I don't remember those numbers off the top of my head. Gerry might have a better sense—salters, spreaders, plows etc.

In order for the private sector partners bidding to come forward and make substantial investments, there has to be a sense that there is a length of time there to justify their bidding, to justify their performance, as per the contract as it should be, and to make sure that they're making the investments that are required to deliver on the contract.

**Mr. Wayne Gates:** I can actually appreciate that. You take a look at Sudbury. If you're bidding—and I don't know the exact amount, so I might be out by a million or two—I think it was around \$87 million over that period of time, I would think that they'd have the equipment if they're going to bid to do road maintenance. So I guess the question becomes: At the end of the day, how much equipment did we have to buy for their people?

The second thing that's really shocking to me is that—and I don't know how you ended up having the walk-away clause. You should have probably had some kind of language in that contract that would give you the opportunity to walk away anyway if they're not performing the job properly, and the report was very clear that they weren't. I'm really surprised that the terms and conditions of that particular contract didn't have a walk-away clause.

What's equally interesting to me, because I want to get on to other stuff, is that you were allowing some of these companies that weren't performing their jobs to re-bid, even though they owe the taxpayers of the province of Ontario \$30 million. It may be \$33 million. If I'm out by a couple of million, I'm going off the top of my head and memory. Think about that. It doesn't even make sense. I don't think anybody can make sense of that. The company was there. They weren't doing their job. They were really causing unsafe conditions on our highways right across the province of Ontario. We all know that. We know that people were injured. We know people were killed. We know that you guys are being sued.

I'm just surprised at how you did the contract. The 12-year deal is way too long; there's no doubt in my mind. They should have the equipment when they bid. To me, it's common sense. But I'll move on and I won't ask you to answer. That's just my opinion.

I'm going to talk about capital being spent on infrastructure. What percentage of the capital is being spent inside the GTA compared to how much outside?



**Hon. Steven Del Duca:** Before I ask either Linda or Ian or a combination to respond to the specifics, I'm just wondering: When you say "capital," do you mean cutting across everything?

**Mr. Wayne Gates:** No; how much is being spent in Toronto, how much is being spent—

**Hon. Steven Del Duca:** No, no, but I mean all forms of capital. I just wanted to clarify that for my own edification before I ask Linda and/or Ian to help out.

**Mr. Ian Freeman:** Ian Freeman, director of finance at the Ministry of Transportation. We don't break out our total capital by GTA versus non-GTA. The reason for that is that we have a number of capital investments that really serve the entire province or within a broader area. For example, the bi-level coaches for GO trains—they go beyond the GTHA. They're not necessarily geographic-specific.

1700

**Hon. Steven Del Duca:** If I can just ask for my own sense: You might be referring to the Moving Ontario Forward plan. That's why I asked the question earlier, the \$31.5 billion—

**Mr. Wayne Gates:** We're talking about the billions of dollars that are being spent. It was divided between the GTA—

**Hon. Steven Del Duca:** Yes, so that's why I asked the question earlier. Sorry. That's the \$31.5 billion over a decade. What we've said publicly, what's been contained in a number of our budgets now since 2014, is roughly \$16 billion for priority transit projects in the greater Toronto and Hamilton area and roughly \$15 billion over a decade for transit, transportation and other critical forms of infrastructure for the rest of the province, so communities outside of the GTHA.

Just to be really clear, that's a breakdown based on the population difference between the GTHA and the rest of the province of Ontario, according to StatsCan. Sorry, I just wanted to clarify that.

**Mr. Wayne Gates:** I want to get through these, so I'll try to. What projects are taking place outside of the GTA?

**Hon. Steven Del Duca:** There are a number of things that I can talk to that are MTO, either specific or related to—for example, the re-emergence of the Connecting Links program which, as a stand-alone program through the Ministry of Transportation, is funding over that decade that would be flowing from the Moving Ontario Forward plan. I mentioned yesterday that that's a fund, that now in its third year—it's not now in its third year, but when it gets to its third year, it will be at \$30 million a year. So it's \$20 million, \$25 million and then \$30 million, and then it will remain at \$30 million for the balance of the decade.

Again, this is a program I'm going to reference that's not directly MTO; it's MEDEL. My apologies for stepping outside of MTO for a quick second, but that's the Ontario Community Infrastructure Fund. That is \$300 million a year, again stretching out over the balance of the decade. That's two examples.

We know budget 2016 referenced these supporting transit projects in communities like Ottawa, for example, with the second phase of their LRT project. We're aware of the fact—in fact, I believe this week the city of London is in the midst of taking a look at its Shift plan for rapid transit, which right now looks like it's a combination of potentially LRT and BRT, but I think council is actually deliberating on that. So those are a couple of examples.

I can give you more if you want, but those are a couple of examples of some of the funding that either has flowed or will flow, we anticipate, pending approvals and business case analysis, to communities outside the GTHA.

**Mr. Wayne Gates:** You answered a little bit, but I'm going to ask: On what other projects will the rest of the \$15-billion non-GTHA share of the Moving Ontario Forward fund be spent?

**Hon. Steven Del Duca:** There are a couple of things I didn't reference a second ago that we've earmarked in the budget. Again, this is a file that falls outside of my direct responsibility at MTO—but the monies that we've assigned to support the development of the Ring of Fire, as an example. I think that's a \$1-billion commitment that the province of Ontario has made. We also have the four-laning of portions of Highways 11 and 17 in northern Ontario. We have ongoing work with Highway 69, the four-laning of Highway 69 up to Sudbury itself, which we talked a little bit about yesterday. Those are a couple of other additional examples.

I know that in addition to that, there are other communities. For example, the costs associated with the environmental assessment for high-speed rail would also be flowing out of the outside-the-GTHA portion of Moving Ontario Forward. There's more, because when I said—and this is using a direct quote from budget language—transit, transportation and other critical forms of infrastructure, again, my colleague Minister Duguid is looking after some of these in conjunction with Minister Leal, but we also have funding we anticipate there to deal with issues around natural gas, issues around the expansion of broadband service. But those fall outside of MTO's direct responsibility.

**Mr. Wayne Gates:** Can you just provide me with a list of what you're spending outside of the GTHA?

**Hon. Steven Del Duca:** Everything I've just mentioned was contained in budget 2016. I'm happy to try to get you those page numbers.

**Mr. Wayne Gates:** Thank you. I appreciate it.

GO train expansion: Liberal MPP Granville Anderson was recently quoted by Durham Radio News talking about a long-promised and long-delayed GO train extension to Bowmanville. He said that it's going to happen in the very near future. Could you please give me an exact date? Will it be within five years, 10 years? And are you able to commit to it ever happening?

**Hon. Steven Del Duca:** The language that was used in this year's Ontario budget talks about some of the what I'll call exciting opportunities but also challenges that we

face with respect to extending GO rail service. I did get into this a little bit yesterday. I'll just really quickly run over it again.

I think you would know this, given you represent St. Catharines. We don't own 100% of the network on which we run GO trains on a regular basis. I know that we do have holiday and summer service to communities in beautiful Niagara region—

**Mr. Wayne Gates:** I agree.

**Hon. Steven Del Duca:** I know. I thought that you might.

**Mr. Wayne Gates:** It's nice that we agree on something. That's good. It's perfect.

**Hon. Steven Del Duca:** We agree on more than just those things. We agree that red's a great colour for a car. That's another thing that we agree on.

**Mr. Wayne Gates:** Don't go there. What a cheap shot that was—

**Hon. Steven Del Duca:** In case of, for example, Bowmanville, there's an EA-approved route to potentially extend GO train service to Bowmanville that would be owned, in large part, if not exclusively, by one of our freight rail partners, CP. I think that you know already that the tracks to Niagara are CN-owned. We have challenges on the Kitchener corridor and the Milton corridor, again, only as it relates to our rail partners.

There have been discussions—I've said this publicly before—with both CN and CP around how we can unlock the potential of the Kitchener corridor and the Milton corridor and take a look at possible additional extensions to communities like Niagara Falls and Bowmanville—or Niagara region and Bowmanville, I guess, including Niagara Falls. Those conversations are ongoing. Because the province doesn't own those potential corridors or those potential extensions, I'm not in a position to confirm exact timing. But I can confirm, which is just repeating what I've already said previously, that we are engaged in active discussions with our rail partners and with all of the affected communities—in Granville's case, not just from Bowmanville or Clarington.

I've had the chance now to meet with Chairman Roger Anderson and all of the mayors in Durham on this issue. I understand exactly how enthusiastic they are. It's very similar to what's happening in Niagara region. I get how much desire there is, which is great news from the perspective of exactly how strong GO's brand is.

We'll continue to work as hard as possible. As soon as I'm in a position to provide a more concrete update, I'll be the happiest person in the world to be able to do that.

**Mr. Wayne Gates:** Okay, I appreciate that.

Niagara GO is mentioned in this year's budget—

**Hon. Steven Del Duca:** Same page as Bowmanville.

**Mr. Wayne Gates:** I read it, yes—but we still have no funding plan or a commitment to a timeline, despite the business case that was presented and the entire region being united behind the project, including the MPP out of St. Catharines.

Will Metrolinx's next five-year plan finally include a real commitment to bring daily, all-year, two-way GO all

the way to Niagara Falls? You did touch on it, that we already have it in the summer months for the tourists. I will say, and I want to get it out on the record, that the tourists are coming back to the Niagara area, including Niagara-on-the-Lake, Niagara Falls and Fort Erie. They were up 30% in March and they're now up 40% in April. That's all good news, but we certainly need the GO service. So I'd appreciate you answering that question.

**Hon. Steven Del Duca:** Yes, that is great news, and I've heard the same thing from others, including MPP Jim Bradley, who we all know is extremely passionate about this issue and all issues that positively impact Niagara region.

As I referenced in my answer to the Bowmanville question, it's a similar challenge, in that we are required, because of track or corridor ownership—in this case, CN—to be in dialogue, in discussion and negotiation with them. There is very broad awareness because of the exceptionally strong job that Jim Bradley and, frankly, you, Mr. Gates, and others, including all of your municipal partners throughout the region, have done over the last couple of years. There have been multiple opportunities that I have had the chance to meet with them, and the Premier has as well. Again, we understand how exciting it is that this prospect is hopefully drawing closer.

I should mention here that, as you know, we are already extending GO train service to the Stoney Creek area, which we will have in service with a new station in, I believe, 2019, from what I recall. When we made the announcement in Hamilton around the LRT, we also announced the extension of the Lakeshore West corridor out to Stoney Creek, which, I think, from what I understand, was taken as a very welcome and encouraging sign in Niagara region, because it's one step closer to Niagara region.

We'll continue to have those negotiations and dialogue with CN, in this case—

**Mr. Wayne Gates:** It's not close enough to Niagara Falls.

**Hon. Steven Del Duca:** Now you sound like Mayor Diodati. But I get the point. I understand the urgent desire. I understand the need. We are working on it. Again, as soon as the government's in a position to provide an update, we will.

**Mr. Wayne Gates:** Okay. I'm going to do this quickly because I want to get on to at least one more thing.

**Hon. Steven Del Duca:** Okay.

**Mr. Wayne Gates:** In our area in Niagara, it's been said by politicians—and not myself—that we'll get something announced in June. Have you heard that?

**Hon. Steven Del Duca:** On the train issue?

**Mr. Wayne Gates:** On the announcement that GO is coming is coming to Niagara, that the announcement is going to be in June. Do you have anything on that?

**Hon. Steven Del Duca:** Again, I can't confirm or deny that, literally, because we're still in the discussions and they're still—

**Mr. Wayne Gates:** I don't need a long answer on that.



**Hon. Steven Del Duca:** No, that's the answer.

1710

**Mr. Wayne Gates:** Okay. I appreciate that.

**Hon. Steven Del Duca:** No problem. I appreciate the—

**Mr. Wayne Gates:** The next one is Highway 3. I'm going to read something that was kind of fascinating.

What have I got? Five minutes?

**The Chair (Ms. Cheri DiNovo):** About. Just over.

**Mr. Wayne Gates:** I'm going to try and do this. I went a little longer than I had hoped. It's all about road safety. We've had that concern before, but I'm going to read this out because I found it fascinating. I'm not the best to read, but I'm going to do it anyway.

**Hon. Steven Del Duca:** It's okay. Take your time.

**Mr. Wayne Gates:** This is "Highway 3 widening to begin within days.

"Construction will begin within days to start widening Highway 3 to four lanes, MPP Bruce Crozier (Liberal-Essex) announced Tuesday....

"We want to provide quiet, safe transportation. Everyone who lives and works in Essex county will benefit today," said Crozier." This is the part:

"The objective of the construction is to increase the safety of the 33-kilometre highway, the region's main artery between Windsor and much of the county, including the towns of Essex, Kingsville and Leamington. Minister of Transportation"—it wasn't you, by the way, so I won't mention the name—"said in a press release that there has been a 30% vehicle increase over the past 10 years.

"Widening Highway 3 will keep traffic moving, prepare for future population growth and boost this area's economic advantage ...". This is the paragraph that really stuck out to me and I think why I've got a real problem.

"The drive by local politicians to convince the province to widen the highway came after a rash of fatal accidents"—a number of people are being killed on that highway—"many of them head-ons that resulted when an impatient driver attempted to pass and encountered an oncoming vehicle."

Do you know when this was done? Any idea?

**Hon. Steven Del Duca:** No.

**Mr. Wayne Gates:** In 2007.

**Hon. Steven Del Duca:** Right.

**Mr. Wayne Gates:** We've had lots of people killed on this highway. Can you give me any idea of when you think you'll widen the highway to four lanes?

**Hon. Steven Del Duca:** So—

**Mr. Wayne Gates:** Just to finish—

**Hon. Steven Del Duca:** Yes, please.

**Mr. Wayne Gates:** I think one line has to jump out at you—you said an hour ago how important it is for the safety of your family. We've known since 2007 that people in that area were being killed and injured. I think we all have an obligation to fix this and get it done as quickly as possible. It's a report that's nine years old, and I don't think it has improved.

**Hon. Steven Del Duca:** Okay. I will try to answer quickly.

**Mr. Wayne Gates:** I appreciate that.

**Hon. Steven Del Duca:** I will say, and I know you've all heard me say this before, that any time there's an injury or there's a fatality on a highway in the province of Ontario, (a) we take it extremely seriously, and (b) we feel a profound sadness, unhappiness at those outcomes, and always our heartfelt condolences are extended to the individual who's injured or to the family and friends of the individual if there has been a fatality.

Some of you will know that before I was an MPP I worked in this building as a staffer when we were in opposition, so this goes back a number of years. I knew Bruce Crozier very well. Obviously, his presence is missed as an advocate here in this building because he was an extraordinary individual who passed away far too young.

I know, because I can remember distinctly when we were in opposition and as you mentioned, that's a report from 2007, when we were in government. I know how passionate Bruce was about this particular project.

I will also say to you that there's not a corner of the province that I have the privilege to visit, including places like Renfrew–Nipissing–Pembroke, Wellington–Halton Hills and so many others—and I mention those two for a specific reason—where the infrastructure demands, not just as it relates to MTO projects or assets, but across the entire range of infrastructure needs that we have, are off the charts.

I talked a little bit yesterday, in one of my opportunities to speak at length, about how we live in an era of simultaneously trying to both catch up and keep up—catch up because prior to 2003 there was significant and chronic underinvestment in infrastructure; and keeping up because the demands continue in terms of population growth and other matters.

I mention Renfrew–Nipissing–Pembroke because not that many days ago, weeks ago, the member from that area in opposition, Conservative member Mr. Yakabuski, brought in a collection of municipal representatives from his riding to let me know about some of the highway challenges they're experiencing there. I mention Wellington–Halton Hills because I know that Ted Arnott, for a number of years, has been, along with Ted McMeekin and Liz Sandals, someone who has very passionately pushed hard for what's known as the Morriston bypass. I mention Morriston because we've just announced in the budget that we are actually proceeding with Morriston. I recognize there's a challenge in Essex around Highway 3. I know there's a challenge in eastern Ontario. There is frankly an infrastructure challenge that we are doing our best to face up to and respond to. That's why our Moving Ontario Forward plan and our 12-year, \$160-billion infrastructure plan is so important. But we need to continue to do more.

**Mr. Wayne Gates:** Okay. I'm going to read another headline—

**The Chair (Ms. Cheri DiNovo):** You've got 30 seconds.

**Mr. Wayne Gates:** —because I know I have 30 seconds left:

“\$80 Million Project to Widen Highway 3 Announced.

“Highway 3 will be widened to four lanes from Leamington to Windsor, Essex MPP Bruce Crozier announced October 13. Construction of the three-phase, \$80-million project is expected to begin next summer.”

This was in 2014. To me it's just one thing after another—2007, 2014, where are we? It's got to get done—

**The Chair (Ms. Cheri DiNovo):** I'm afraid, Mr. Gates, your time is up.

**Mr. Wayne Gates:** I get another 20 minutes. I'm sure I'll—

**The Chair (Ms. Cheri DiNovo):** Yes. We're going to move to the government side now. Mr. Crack.

**Mr. Grant Crack:** Thank you, Minister, for being with us this afternoon, replying to all the questions. I know that road safety has been brought up at this particular committee, and we hear questions in the House. I also know that Ontario has amongst the most safe roads in all of North America—I've heard you say that on a number of occasions—and also that the Ontario Road Safety Annual Report has just been released.

Perhaps if you would be able to elaborate on some of the aspects of that report, that would be relevant?

**Hon. Steven Del Duca:** It was hard for me to hear what you said about a report. Can you just clarify which report?

**Mr. Grant Crack:** The ORSAR, the Ontario Road Safety Annual Report?

**Hon. Steven Del Duca:** Oh, okay. Thanks very much. I noticed, to my left, that Heidi Francis, the ADM for road user safety, has come to the table. I might ask her to elaborate a little bit, or perhaps amplify with respect to some of my answers on this one.

You're right that we've recently seen some encouraging evidence that the plan that we have in the province as it relates to road user safety is working, and working well. I will tell you, at the risk of being a little repetitive, that this is one of those areas at MTO where really and truly, because of the nature of the responsibility that I have and that we have, this is a place where the work never ends.

I know that Heidi and her team are constantly—whether we're talking about looking at the other provinces and territories across Canada, through the council of ministers and of deputy ministers of transport and transportation or, frankly, looking around the world—south of the border, Europe, Asia and elsewhere—to see what examples exist of how we can continue to innovate, we can continue to be at the leading edge of all aspects of road user safety.

Some of that philosophy, that notional sort of thinking, is contained or embedded in Bill 31, which I had the chance to respond to a question about from MPP McGarry a little bit earlier, in the last cycle of questions. But I think we see, notwithstanding the increased sanctions, that there remain challenges.

I know just anecdotally in talking to some law enforcement partners that they continue to struggle with the fact that we all, from this ministry and law enforcement to all of our road user safety partners—we have tons in the province, from Arrive Alive to MADD to CAA to the law enforcement community itself, that we work so closely with. There's the Ontario Safety Week, Parachute—I mean, there's a whole long list; I'm just giving you the laundry list now, because we are blessed at MTO to have so many extraordinary partners.

But certainly anecdotally I hear that a challenge still exists. Obviously, people continue to drive their vehicles while they're under the influence of various substances. We still see a significant number of people behind the wheel who are distracted by using hand-held devices when they should be focused on the road itself.

I think we also do see that the federal government have confirmed, have announced that they're moving forward with the legalization of marijuana, which is of course within their purview to do. But I wouldn't be doing my job if I didn't express here—I've said it publicly and I'll continue to say it—that I think we all have a responsibility to make sure that the message is driven home as hard as possible that yes, we included sanctions for drug-impaired driving in Bill 31, but at the end of the day, if you're going to get behind the wheel, you need to make sure that you're not distracted and that you're not impaired in any way, shape, or form.

I know that our ministry is working closely with the RCMP and others—the Canadian Centre on Substance Abuse?

*Interjection.*

**Hon. Steven Del Duca:** —okay, the Canadian Centre for Substance Abuse—to develop standards as it relates to how we'll apply those drug-impaired sanctions. I know we continue to strive towards identifying and deploying technological support that would help us identify some of the challenges around drug-impaired driving.

But we have to keep driving that message home, and we will. We do it as a government, but we also do it and rely very heavily on our road safety partners, because all of their respective brands are just as strong as MTO's brand on this. Working collectively, we are able to deliver a very comprehensive and compelling message, but we can't stop, because the challenge continues to exist.

On ORSAR specifically, perhaps Heidi would like to talk a little bit about those specific numbers, just to give MPP Crack a sense of the fact that we're doing well.

Please identify yourself for the committee.

1720

**Ms. Heidi Francis:** I'm Heidi Francis, assistant deputy minister, road user safety.

It gives me a lot of pleasure to talk about our statistics, because we really run a good program, and we have for many, many years. For over a decade, Ontario has ranked first or second in North America, making us the leaders in road safety, because of the consistency. We work hard at it: We do a lot of research, we collect a lot of data, we



monitor, and we have great programs and they're always innovative. We're always working with safety partners; we have about 150 that we work closely with.

What we're really proud of is that in 2013, we had the lowest number of injuries since 1964 and the lowest injury rate ever recorded, which is a really big feat when you think that Ontario plays a big part in that and we're about 40% of the population. We also have one of the longest borders in the world, and we have a lot of commercial traffic coming into our province. We also had the second-lowest number of fatalities since 1944 and the second-lowest fatality rate ever recorded. It doesn't happen by accident; it happens by a lot of hard work and a lot of good direction.

I just want to put it in a tiny bit of context, because I don't think that people realize the enormity of the programs we run, because they run very well. There are 9.7 million licensed drivers, 50 key stakeholders, 150 partners who work within the communities, 12.1 million registered vehicles and 55,000 registered truck and bus operators. Police services file over 12 million requests with us, Drive Clean processes 2.6 million test results, courts require 90,000 certified documents, and the Insurance Bureau of Canada files 3.6 million insurance-related driver inquiries every year.

The database we have in this ministry is the fifth-largest in North America. When you think of what we're up against in our group, it is Texas, Florida, New York and California.

We really have quite a job making our roads safe. If you look at the statistics and how we've grown, what we see is that the population is growing and yet fatalities and injuries are decreasing. That has to do with a lot of foresight in what we're going to do in the next few years. We never stop. We have a research roster that looks, when we put a bill in—and the bill, I think, was a great bill, as everyone has attested to recently. We're implementing it over the next few years. We are also looking at what the next bill looks like. We do that, not just in isolation; we do that with all of our safety partners, we do that with all of our jurisdictions.

We all sit on two committees that are instrumental for Ontario. One is the Canadian Council of Motor Transport Administrators—that's all the Canadian jurisdictions. We also have the honour of sitting on the American Association of Motor Vehicle Administrators. In that, we've got 69 jurisdictions. When you think of that and you think that we are really the safest jurisdiction, especially when you look year over year, that's something we're really proud of, as civil servants, and of the work we do every day. We're very passionate about that.

So the ORSAR results are excellent. We're finding that every category is making improvement. There are two that we always struggle with, but that is not a surprise. One is seniors. However, when you look at the growth in seniors, we're doing very, very well, and we've got lots of great initiatives we are working on and a lot of studies. We work with many academic institutions, and we work with many medical institutions.

We've got a lot of great work at St. Mike's; we've got a lot of great work with U of T. Last year, we were asked about cognitive screening. Our decision tool is actually used in medical schools.

There's a lot of work still to be done, because any fatality, any injury, is too much, but we're really headed in the right direction. Given the size of our population, it is amazing that we make progress year over year. This year—the results we've just displayed for 2013—was an excellent year.

**Mr. Grant Crack:** Excellent. Can I follow up?

**Interjection:** Yes.

**Mr. Grant Crack:** Thank you, Heidi, for sharing some of the statistics with us. It's much appreciated.

We'll go back to the minister. It's probably no secret that I have the privilege of driving 10 to 12 hours a week when the House is sitting, coming up here at relatively high speeds of 100 kilometres an hour for probably eight hours of that. I've noticed over the years the expansion of Highway 401 from the Cornwall exit where I get on, which is almost right at the Quebec border, right to the great city here of Toronto, and a number of expansions of the two-lane system into a six-lane system. I would suspect the reason for that not only is volume but it's safer. I just enjoyed the construction that has gone on through the north of the great city of Kingston as well, and that has made it a lot safer. With the volume of trucks on the road these days, I like to see them in the far right lane because, at 105 kilometres an hour—I realize a number of safety issues as we go, so I want to just commend the ministry and our infrastructure program for the work you're doing in expanding to six lanes.

I'm looking forward to the day when it comes from Toronto—six lanes—all the way to the Quebec border, which is probably 100 years from now. But it will come; that I know. I would suspect that that's part of road safety—which takes me to Glengarry-Prescott-Russell, which is just a little north along the Ottawa River. We have Highway 17, which comes from the Quebec border to the city of Ottawa, which is another growing metropolis in this great province.

Highway 17/174 is a major issue for me, Minister—I know that you and I have had a number of conversations about it—and the expansion of that two-lane highway, which meanders all along the city of Ottawa. It's a safety issue, and I've brought that to the ministry's attention, as did my predecessor, Mr. Jean-Marc Lalonde, who did such a great job of advocating for our communities in the far east, as he called it.

We had also talked shortly after the budget came out, and it was great to see a mention of Highway 174/17 in the budget in 2016. I wanted to make a comment. I heard this weekend—and I don't have proof—that Highway 417, which comes in from Montreal to the city of Ottawa—there's a volume of traffic there, but the number of cars is actually less than what's coming into the city of Ottawa on Highway 17/174. I want to see if I can get those numbers verified, or maybe even the ministry has some numbers on those in the future that could be

provided. But perhaps the minister could just speak about what that means—the reference in the budget to the expansion of 174/17.

**Hon. Steven Del Duca:** Great. Thank you very much, MPP Crack. Not that I need to, but I can attest to exactly how stunning your riding is—Glengarry—Prescott—Russell—having had the chance a number of months ago to be there with you to visit. On that day, you might recall that we made that tremendous announcement, not just as it relates to Glengarry—Prescott—Russell, but to many of our communities across eastern, southwestern and northern Ontario as we made some changes to the rules and regulations around off-road vehicles, which I know was important to your community and to many in your community, but also important to our tourism industry and so much more that we have in the province of Ontario.

That very day, and not for the first time, I had the chance to sit down with you. You were kind enough to organize an opportunity for me to meet with a number of the municipal leaders and also some of the municipal staff working on this project closely with you over the last number of years. That wasn't my first time. We've had a chance to meet with some of them, you and I, informally here in this building and more formally at AMO and ROMA/OGRA conferences.

There is obviously quite the compelling case that has been made with respect to the need for expansions and widenings of that particular transportation corridor that runs through your community. The budget, as you mentioned a second ago, was explicit with respect to the component of provincial support for this project. I know that this has been what I'll call a lengthy process for the community in terms of having discussions that predate me and that, frankly, even predate you. As you mentioned, the former member for the area, Mr. Lalonde, had advocated for this as well.

I take it as extremely good news and encouraging news that budget 2016, as part of our infrastructure plan, included a commitment to be there with significant provincial funding—I think it's \$40 million, if I'm not mistaken—with respect to this project, which is, again, great news. From what I know, from what we've talked about, there is some additional work that's required around this. I know that over the next number of weeks MTO will continue to work with the communities and work with yourself so that we can actually follow through on the commitment that we've made and we can enhance and strengthen this crucial infrastructure that benefits your community and benefits that entire part of eastern Ontario.

1730

So rest assured—again, thanks to your advocacy and for you being a consistent and I would say, as positively as I can, relentless champion for this particular infrastructure and community—that we're going to work together and we're going to make sure that we get it right.

**Mr. Grant Crack:** Thank you very much. How much time, Madam Chair?

**The Chair (Ms. Cheri DiNovo):** About four minutes.

**Mr. Grant Crack:** Thank you, Minister. I appreciate it.

**Hon. Steven Del Duca:** Thank you.

**Mr. Han Dong:** Hi, Minister. I have a very important one to my riding in particular. We recently had a town hall meeting there together. As you recall, one thing that was brought up repeatedly was what we were doing with fare integration here in Ontario. I've been at Presto announcements with you. Can you update the committee on where we are at on fare integration?

**Hon. Steven Del Duca:** Sure. I'm happy to do that. I referenced this yesterday, of course, having done transportation town halls in a number of communities across the province—I have enjoyed every single one of them. I hope to have the chance to do more. It was great to be with you in Trinity—Spadina, in Liberty Village specifically, and to see a very strong turnout and, like we've seen in every other community, a tremendous passion around the transportation challenges that people in neighbourhoods that are vibrant, like Trinity—Spadina, like Liberty Village—but also the challenge that exists in that part of the city of Toronto.

The work that Metrolinx is engaged in right now—let me take a quick step back for a second. Obviously, successfully completing the deployment of Presto on the TTC—which is going very well and is slated to be completed by the end of this calendar year, by the end of 2016. We have somewhere in the neighbourhood of—I'm forgetting the number now—I want to say 26 or 30 stations that are Presto-enabled—the number could be a little bit higher—and legacy streetcars and the new streetcars as they've gone into service. There's a growing excitement and anticipation around the fact that Presto, by the end of this year, 2016, will be fully deployed on the TTC, which then means it'll be completely deployed in the GTA, and, of course, on GO as well. This is great news because that helps set that infrastructure platform for delivering on the fare integration piece, which of course is contained in my mandate letter. It's essential if we're going to successfully build a seamless and integrated transit network across this region, which is a very important, I'll call it, companion to all of the infrastructure that we're building—the LRTs, GO regional express rail, our support directly or indirectly for various transit issues or options in the city of Toronto and beyond: Viva BRT—the list goes on—Crosstown, Finch LRT, Hurontario and more.

We are engaged in discussions through Metrolinx with our municipal partners on the fare integration discussion, and I know that towards the end of June there will be another Metrolinx board meeting that'll be taking place, and some additional details and some additional discussions will be happening. Flowing from that board meeting, some additional options will be presented. They've been out in the public domain and media over the last number of days and weeks. I know there's a ton of interest about this issue. The really good news is that if you look at all of the mayors and chairs from the greater



Toronto and Hamilton area whom the Premier brings together on a semi-regular basis to have discussions around a bunch of common issues, including transportation issues—

**The Chair (Ms. Cheri DiNovo):** Mr. Dong, you have about two minutes.

**Hon. Steven Del Duca:** Thank you, Chair—there's extraordinary alignment right now amongst all of those participants, all the mayors and chairs and certainly us as the province, to deliver on fare integration that works. So that's really good news, because at a philosophical level, nobody disagrees. All of our respective constituents don't just want it; they're kind of demanding it: "Make it easier for us. Help make it seamless, accessible, affordable, reliable." That's how we're going to encourage more and more people to leave their cars at home and to take public transit as we're building that infrastructure network.

It is a complicated issue because there are some very long-standing historical tendencies within our municipal transit systems and, frankly, even within GO itself in terms of how things are done. That requires nimble thinking on the part of all of us—ourselves and all of our municipal partners—so that we can find a solution to these challenges, because part of it does deal with—to be straightforward—numbers, with math, with dollars, because obviously each municipality and GO itself currently has their own fare structure. So we've seen some areas where there is already a common approach and some success. We still have more work to do. But I'm an optimistic person by nature so I am convinced that if we keep working on this together, and if the Premier and all of the mayors and chairs continue to show the leadership that they have for the last couple of years on this, we will find a way forward on this complicated issue and we'll produce a positive result for the whole region.

**The Chair (Ms. Cheri DiNovo):** You've got about 15 seconds.

**Mr. Han Dong:** I hope in the near future that a Lake-shore line, again, becomes available and is an affordable option for residents in Liberty Village.

**Hon. Steven Del Duca:** Thank you very much.

**Mr. Han Dong:** Thank you.

**The Chair (Ms. Cheri DiNovo):** We now move to the official opposition. Mr. Harris.

**Mr. Michael Harris:** I'm just going to start my little watch here so I know how much time we've got with each other.

Minister, back on to winter maintenance: I know my colleague from the NDP talked about the fines that have been levied to the contractors over the years. I'm wondering if you can, within a reasonable amount of time, explain the process in terms of when a fine is levied and the contractor receives the fine, what the process is for them if they were to simply just pay it or dispute it, I guess. The dispute resolution process: Walk us through that, if you don't mind.

**Hon. Steven Del Duca:** Great question. Gerry, I see, is back at the table. He'll be able to elaborate a little bit on this. I'm going to give you a layperson's perspective,

but I'm not an engineer like Gerry is and the rest of the folks who work on this directly.

These are complicated long-term contracts, as I understand it. There is a multi-step—I'll call it appeal process—within the contract itself. These are the historical contracts that we're talking about. My recollection is that there is a—again, this is a layperson's explanation so forgive me if it's not as precise—

**Mr. Michael Harris:** Well, you are the minister. Give yourself a bit more credit than that.

**Hon. Steven Del Duca:** But I'm a layperson, right? Yes, I have a law degree, but I never practised law.

From that perspective, I will say that there's essentially a penalty or a fine or a non-conformance that's issued in the field. From that point in time, I believe there are three—I want to say—potential appeal processes or mechanisms within the contract. There are time periods that are referenced in the contracts with respect to that appeal process. Ultimately, through that kind of multi-tiered or multi-step process, the appeal could come all the way to MTO headquarters, which would be right to the ADM from the PHM division—so in this case, Gerry Chapat—for a back and forth on this. That's my thumbnail sketch of it.

Gerry, if I've missed something—

**Mr. Michael Harris:** Gerry, let's get right into the details of how this goes about.

**Mr. Gerry Chapat:** Sure, I can give you some enhancements to the summary that the minister provided. The process is actually quite time-consuming because it's an iterative process. It goes back and forth between the contractor and the Ministry of Transportation to ensure we get the correct information.

After the storm event is over, the ministry, as part of its patrolling and its regular contract administration, reviews the performance of the contractor during the storm. If they see that there was an issue during the storm, or if they've heard of complaints, they'll investigate and they'll request the contractor to provide the records that substantiate where they were or what the issue may have been at the time. The minister has a certain period of time to respond with those documents.

The ministry then receives them, reviews them, and calculates what they believe would be a non-conformance and the value of that non-conformance. That's provided to the contractor. They have a certain amount of time to prepare their records that either substantiate or deny the reason or the rationale for that penalty.

An example may be: We have seen that a circuit time is supposed to take 1.6 hours. We got a complaint that, at the far end of the circuit, it wasn't completed on time. We asked them for their records. They finally provided them to us, which said, "Hey, we completed it in 2.1 hours."

**Mr. Michael Harris:** Just to interrupt quickly, though: Are any of the contracts structured where there actually is a circuit time? I thought it was all bare pavement standard. You're saying there are actual circuit times?

**Mr. Gerry Chaput:** There are circuit times included within the contract, and the bare pavement is a performance measure.

**Mr. Michael Harris:** Right.

**Mr. Gerry Chaput:** Back to that scenario: We would issue them a non-conformance for not meeting that circuit time.

Now, they may come back with a record that shows, indeed, it was 2.1 hours, but also supplement it with a record from the OPP that says, "The highway was closed from A to B because of visibility conditions and we weren't allowing any traffic to go on it, including winter maintenance equipment." Therefore, we would then take that non-conformance off the balance and continue to proceed.

If it was for some other reason that was questionable or one that we did not agree to, we would continue to pursue that non-conformance value. We would say to the contractor, "We understand your rationale. We understand your perspective. But we still believe this is in non-conformance" and we would put that in.

The contractor then has a certain period of time to make a claim, where they can say, "Sorry, we disagree with your assessment and we want to make a claim." So they would make a claim to their field level. The field level would review it again, and they have a certain amount of time to review the process and respond to the contractor.

1740

If the contractor does not like that response, they can elevate it, as the minister said, to the regional level. At the regional level, it's reviewed by the manager of contracts and the regional maintenance engineer, which is a higher level than the people in the field. Again, they'll use the information they have available from the field plus any new information that the contractor may provide that justifies why they were unable to meet that circuit time.

Again, they respond. Assuming it's a negative response, the contractor has a certain period of time to respond to that negative response with an appeal to head office, they call it, which comes directly to me. In the period of time for us to review, we do another full analysis of the claim and assess any new information. That then goes back to the contractor with a decision.

At that point, the contractor still has another appeal process available to them. They can look at mediation, arbitration, binding arbitration or litigation. Depending on the value on the claim, it's a decision of the contractor as to which one they pursue. More than likely, we would enter into some sort of mediation to try and determine if there were any other factors or scenarios that may result in a change to that non-conformance or the value of that non-conformance.

**Mr. Michael Harris:** Man, that sounds—

**Mr. Gerry Chaput:** It's a very time-consuming process, but it's all laid out contractually in the contract documents. It's available to every contractor, and it's very similar to what we use in capital construction and

what other jurisdictions use in of all their capital construction contracts as well.

**Mr. Michael Harris:** Back in 2010—and I've got the list, as I'm sure you do. And I have it—I've actually got it in case you don't. Just for example: You levied \$425,000 in 2010 and you collected \$249,000. I'm going to use that number because I think that's something that was given to Paul Bliss by your department. That was six years ago. How come there's money still outstanding? Why would that be?

**Hon. Steven Del Duca:** What I've said publicly on this, including to media who have inquired about this, is that obviously we're talking now—I'm looking down at the same chart you're looking at, Mr. Harris. It's going back now six years. Obviously, these are still unresolved matters. What I've said publicly, and we've done this, is that we've informed formally the affected contractors that because of the lengthy, complex process Gerry mentioned a second ago—what we've done at this point, given how far back this goes, is to make a formal request of the contractors to enter into arbitration now or in the present term so that we can get these matters resolved and continue to move forward.

**Mr. Michael Harris:** What would be the percentage of these fines levied to contractors that would be under the three mechanisms—I think you said mediation, arbitration, litigation.

**Hon. Steven Del Duca:** From what I know, most, if not all, of these outstanding amounts would still be in some form of dispute or discussion somewhere in that overarching process.

**Mr. Michael Harris:** Do you have any intention of collecting the \$33 million that was levied, or was this more of just a public relations tool?

**Hon. Steven Del Duca:** It's a contractual relationship, so we obviously have the mechanisms that Gerry mentioned a second ago. With any contract, and I've said this to media, the ultimate option that exists for any party entering into a contract is to pursue litigation. That was the final step that Gerry just referenced a second ago.

By requesting arbitration from the affected contractors, I'm trying to actually bring it to a point where it can be resolved—not resolved by us or them, but resolved by somebody independent to the process who will review all the information and render a decision so that we can get on with collecting what's outstanding, as per whatever arbitration might determine, and then move forward with continuing to perform winter maintenance. I felt, at that point in time, which was a short while ago, that that was the best way to proceed on these outstanding amounts.

**Mr. Michael Harris:** Has the ministry done an analysis, roughly, on what it cost to deal with all of this, this multi-level dispute process, at all?

**Hon. Steven Del Duca:** No.

**Mr. Michael Harris:** It sounds like, from hearing about it—and you see the fines that have been levied and collected—that there's a significant amount of time, effort, dollars being sunk into chasing fines. Do you feel that that money would be better spent proactively out on the roads?



**Hon. Steven Del Duca:** Sure. I think absolutely we would all, including our contractor partners, much rather be in a position where there were no non-conformances levied, there would be no requirement to collect on fines as a result of anything like that, and we could proceed with continuing to invest in winter maintenance.

**Mr. Michael Harris:** Is it a result of the contracts that were established in 2009 that have led to a significant amount of fines being levied?

**Hon. Steven Del Duca:** Well, in each individual case—Gerry gave you a couple of examples of what we might be talking about. Let's also remember that we're talking about weather. Weather, at the end of the day, is by its very nature unpredictable. Even when we have forecasts, some other circumstances can present themselves. We have winter storm events that take place here in the province that aren't actually forecast, that come upon us fairly unpredictably.

Our contractors respond. Gerry and his team are out there. They're doing the patrolling. They're looking at whether or not a contractor has adhered to whatever is in the contract by way of an obligation, and they assess, as he pointed out, in the field first. They assess whether or not there has been some sort of not fulfilling that contractual obligation, and a non-conformance flows from that. But, again, I want to stress that absolutely, in a perfect world, everything would perform on all of our contracts, including our capital contracts, where there would be no requirement to levy fines. But we live in an imperfect world.

**Mr. Michael Harris:** Right. You mentioned the equipment, the additional resources that were rolled out in the last little while. Last year, you tweeted out a nice little infographic. You guys do a good job on these. I like them, by the way.

**Hon. Steven Del Duca:** I liked your blue steel ones. Those were good.

**Mr. Michael Harris:** On April 29, just a year ago, as of a few days ago: 958 plow blades, 697 salt-sand hoppers. I'm wondering—and I don't expect this off the top of your head—if you would be able to provide to the committee, at a further date, where all of that equipment was allocated.

**Hon. Steven Del Duca:** Could I see the infographic?

**Mr. Michael Harris:** This one here.

**Hon. Steven Del Duca:** I'm losing my eyesight in my old age.

**Mr. Michael Harris:** You don't have to be old to lose your eyesight.

**Hon. Steven Del Duca:** I'm happy to take—

**Mr. Michael Harris:** About 1,000 snow plows and combination units work on our highways, so you've talked about—sorry, 100 pieces of snow-clearing equipment. Sorry; this is the total and this is the added, since 2012. You talked about 100 pieces of snow-clearing equipment since 2012. My apologies. Could you inform the committee—go back to whoever—and let us know where those 100 pieces of snow-clearing equipment went?

Now that we've got—

**Hon. Steven Del Duca:** I can give you a quick snippet of some of the ones that I have, but I'm not sure—

**Mr. Michael Harris:** I guess I'm specifically interested in how many of those pieces, perhaps, went to Kenora?

**Hon. Steven Del Duca:** Went to Kenora itself? Unless, Gerry—

**Mr. Michael Harris:** The Kenora zone.

**Hon. Steven Del Duca:** Yes, the area.

**Mr. Gerry Chaput:** I believe, for the Kenora contract in the 2013-14 tranche of additional equipment, that 13 pieces went to Kenora. There were 42 pieces that went to northern Ontario.

**Mr. Michael Harris:** Forty-two? So in that instance, it was the contractors that purchased the equipment, correct?

**Mr. Gerry Chaput:** Yes.

**Hon. Steven Del Duca:** Yes—purchased or leased.

**Mr. Michael Harris:** So, actually, the MTO didn't buy any of the equipment. It was the contractors that purchased equipment and then were billing—or the contracts were subsequently added to, to cover the cost of that. In the case of Kenora, if 13 pieces went up and the contract since parted ways, what happened to those 13 pieces?

**Hon. Steven Del Duca:** I know this flared up a few months ago, thanks to a strategic question asked by a member of the opposition.

**Mr. Michael Harris:** I know it's easy to explain.

**Hon. Steven Del Duca:** I can go through it, if you want. At the end of the day—and Gerry can jump in if I'm not explaining it as clearly as I should, which is entirely possible because it can be a little bit complicated. The contractor purchases or leases the vehicle, or the equipment, I should say, and there's a contract price as a result of what's required in the contract that we pay on an annual basis.

At the end of the day, when there was mutual agreement to walk away, in this case, or to exit the contract between ourselves and the contractor in the Kenora example that you've used—you have to remember that the Kenora contractor is still on the hook for the purchase and the lease of the vehicle, even though we are no longer paying them for the contract because we have mutually exited the contract.

In many cases, though I don't know these specifically, if it was a lease, most of the time it would be a fairly long-term lease that a contractor would engage in. The onus is on them to sort out their own financial details, once there's a mutual agreement to walk away from the contract, if you know what I mean.

1750

I hope that was clear. Sorry.

**Mr. Michael Harris:** Yes. I guess I could ask, then—and you should know this because you would have had to pay it—what was the add to the Kenora contract to supplement the 13 pieces of equipment for the duration of their contract?

**Hon. Steven Del Duca:** I'm just referencing my notes here. I know, for example, we've committed an additional \$24 million annually. That wouldn't be assigned ex-

clusively to Kenora; that would be province-wide. For example, there were 55 pieces of equipment in 2013-14; Gerry mentioned 42 of those went to northern Ontario. There were 50 in 2014-15, the following year, for ramps and shoulders in southern Ontario. Then in 2015-16, there were 53 pieces of equipment to plow highways, ramps, shoulders and also do more spreading more quickly. That's \$24 million in total that was added to contract amounts with specific obligations flowing from those, including numbers of pieces of equipment which the contractor would then be required to purchase or lease to satisfy the contract requirements in this case.

**Mr. Michael Harris:** So taxpayers, in essence, had to foot a bill of \$24 million more than what they would have originally had to pay—

**Hon. Steven Del Duca:** —to provide service that flows, by my reading of this, from 108 additional pieces of equipment across the province for three years.

**Mr. Michael Harris:** I guess, folks, our constituents would say, "Okay, you tendered a contract"—and I know Mr. Gates talked a lot about ensuring that the contractor has the proper equipment when they bid for the contract. You awarded it—and I know the auditor was specific on some of the examples where, had you actually awarded the contract to the highest bidder, in fact it would have cost you less because of the additional payments that had to be made. Then you roll out more equipment to that contractor—give them an additional kicker, I suppose—and then they walk away from the contract the next year with that equipment nonetheless—

**Hon. Steven Del Duca:** But that's because—if you go and lease a car and you agree to be my driver—let's just use this as the analogy. It's important, because there was confusion on this a few months ago.

I'll flip it around. I agree to be your driver. I lease the vehicle. Halfway through a four-year contract, you decide that you don't like the way I drive anymore. We agree to exit the contract. I'm still on the hook for the balance of the lease. You're not paying me anymore, so there's no additional obligation to you, just like there's no additional obligation to us, if you follow my reasoning.

**Mr. Michael Harris:** Yes, yes.

I've got, what, four minutes left, right?

**The Chair (Ms. Cheri DiNovo):** Three minutes.

**Mr. Michael Harris:** Yes. I really hope that you can get some of the information back. Do you expect any other AMC's this fiscal year? Do you see any other parting of ways with contractors in any other areas, or have you been notified by any other contractors? Because now that Kenora has been re-tendered, Sudbury has been re-tendered, Ottawa—Niagara, right? Niagara has also been re-tendered. Have you put that specification back out onto the street yet? Has that bid closed?

**Mr. Gerry Chaput:** Niagara has been tendered.

**Mr. Michael Harris:** Tendered. Has it closed?

**Mr. Gerry Chaput:** Yes.

**Mr. Michael Harris:** And how many bidders?

**Mr. Gerry Chaput:** There were three bidders.

**Mr. Michael Harris:** Who were those bidders?

**Mr. Gerry Chaput:** IMOS, Carillion and Steed and Evans, I believe.

**Mr. Michael Harris:** Has it been awarded?

**Mr. Gerry Chaput:** No.

**Mr. Michael Harris:** Do you plan on awarding it based on that—

**Mr. Gerry Chaput:** We're still in the process of reviewing the bids.

**Mr. Michael Harris:** Frankly, it's obvious that if your ministry is allowing contractors to walk away basically with no penalties, why wouldn't the rest of them do the same thing—re-bid it and get a premium? Why wouldn't they do that? Do you expect other AMCs across the province—have you been given notice by any other AMCs of their notion to walk away like the other ones have?

**Hon. Steven Del Duca:** No.

**Mr. Michael Harris:** No notice. Do you expect any other areas like that to come up?

**Hon. Steven Del Duca:** I expect MTO, through Gerry and his team, will continue to work closely with our AMCs to make sure that we're providing the winter maintenance, the year-round maintenance—

**Mr. Michael Harris:** Has your ministry factored in an increase to this fiscal year for all AMCs across the province?

**Ms. Linda McAusland:** Yes, there is an increase.

**Hon. Steven Del Duca:** Just give us one second.

**Mr. Michael Harris:** What is that increase?

**Hon. Steven Del Duca:** Just one second.

**Ms. Linda McAusland:** There has been an increase to winter maintenance of \$31.6 million—

**The Chair (Ms. Cheri DiNovo):** Excuse me—

**Ms. Linda McAusland:** Oh, sorry. Linda McAusland. I'm the CAO for the ministry.

**The Chair (Ms. Cheri DiNovo):** Thank you.

**Mr. Michael Harris:** It's \$31 million on a total value of how many millions?

**Ms. Linda McAusland:** It's \$18.5 million, specifically for the AMCs to respond to the Auditor General requests.

**Mr. Michael Harris:** What was the first number you gave?

**Ms. Linda McAusland:** It's \$31.6 million.

**Mr. Michael Harris:** It's \$31.6 million. What is the total cost of the AMCs for the province initially for this fiscal year?

**The Chair (Ms. Cheri DiNovo):** You have 15 seconds left.

**Ms. Linda McAusland:** It's \$351 million total for the annual cost of the AMCs.

**Mr. Michael Harris:** So you increased about 10%.

**Ms. Linda McAusland:** That's right.

**Mr. Michael Harris:** And Ottawa: I see that—

**The Chair (Ms. Cheri DiNovo):** Wrap it up. Yes.

**Mr. Michael Harris:** You've moved to a completely different model under Ottawa, right? What's that model called?



**The Chair (Ms. Cheri DiNovo):** We'll have to stop it there, Mr. Harris. Thank you.

**Mr. Michael Harris:** Come with it Tuesday.

**The Chair (Ms. Cheri DiNovo):** We're going to move to Mr. Gates.

**Mr. Wayne Gates:** What's that Ottawa model called?

**Hon. Steven Del Duca:** We call it "managed outsource."

**Mr. Wayne Gates:** —managed outsource.

**Hon. Steven Del Duca:** Now you've stolen Mr. Harris's thunder for Tuesday.

**Mr. Wayne Gates:** I'm sure he'll sleep better.

I wasn't going to go back on road maintenance, but—

**Hon. Steven Del Duca:** Go for it.

**Mr. Wayne Gates:** It's really bizarre to me, quite frankly, what transpired. I hate to break it to you—with no disrespect.

**Hon. Steven Del Duca:** It's okay. I'm not taking it that way. Don't worry.

**Mr. Wayne Gates:** You may or may not know that I was a city councillor in Niagara Falls.

**Hon. Steven Del Duca:** I knew that, yes.

**Mr. Wayne Gates:** So I'm obviously very familiar with RFPs. You put the RFP out. Was there not some kind of criteria that actually said that these companies have to have equipment? Or was it just the lowest bidder gets it? They don't have to tell you they've got equipment; you don't have to know if they've got equipment?

**Hon. Steven Del Duca:** Well, yes, there is a requirement for them to be able to have the equipment in place to fulfill the contractual obligations as part of the process. Yes.

**Mr. Wayne Gates:** Okay. Then, having said that, by you buying a hundred more equipment—

**Hon. Steven Del Duca:** We didn't buy it.

**Mr. Wayne Gates:** Well, whatever.

**Hon. Steven Del Duca:** No, it's not "whatever." I mean, I think—

**Mr. Wayne Gates:** You had to get another hundred to perform—

**Hon. Steven Del Duca:** Well, we didn't have to get it; the contractors did. It's not "whatever."

**Mr. Wayne Gates:** You can twist it any way you want. Just—it's my question.

**Hon. Steven Del Duca:** It's not twisting; it's honesty. I'm pretty sure Niagara Falls does the same thing, unless they do it in-house. I can speak for my own municipality—

**Mr. Wayne Gates:** The point I'm making here is that they didn't have the equipment to perform the job safely when you awarded the contract.

In the RFP, who would've went around to check these companies to make sure that they had the equipment so that they could perform their jobs safely?

In Sudbury—I see the MPP from Sudbury's here. I'm sure he's really concerned about the residents in Sudbury and what went on there.

**Hon. Steven Del Duca:** I'm sure he can speak for himself.

**Mr. Wayne Gates:** Ottawa: same thing. Maybe I'm wrong, and that's possible. I've been wrong before. But, if I'm sitting around the table at city council, and I see a bid come in that's \$5 million cheaper than the other two companies, that would put a flag up.

Now, as a councillor, I would put a flag up and say, "Okay. This doesn't make sense. How could somebody be bidding this much lower?" Maybe somebody around the table—because I'm sure you have a lot of people that are very, very talented on your side—wouldn't somebody say, "Maybe we should check to make sure this company is able to perform the job safely in the province of Ontario" on the RFP? Who would be responsible for doing that on your side of the House?

**Hon. Steven Del Duca:** Again, we can have the larger existential conversation about how we deal with procurement, whether we're talking about maintenance contracts or we're talking about capital construction contracts or other contracts the ministry engages in, but obviously we went out with a procurement model for some, if not all, of these contracts. There were responses from the market, from our contractors—or from contractors, generally. They adhered, to the best of their abilities, to whatever was in the procurement process or whatever was in the procurement documents that we had put out, again, into the market. They responded; we made our assessments.

We recognize—I recognize—that part of the auditor's concerns in her examination, in her report, deal with some of these issues. That's one of the reasons that I'm quite happy to say that I've accepted—we've accepted—all eight of her recommendations. It's why we not only designed the action plan in response to her recommendations, but we're actually deploying that action plan right now. It's one of the reasons that, through that evolutionary or iterative process, we worked with our contractors in certain areas—all areas, actually—to define what the additional needs were.

**The Chair (Ms. Cheri DiNovo):** You've got 20 seconds left.

**Hon. Steven Del Duca:** It's why we were able to access and locate additional funding—

**Mr. Wayne Gates:** I don't mean to cut you off, but I've got 20 seconds yet.

**Hon. Steven Del Duca:** Sure. Sorry.

**Mr. Wayne Gates:** My position would be, very clearly, that you shouldn't need an AG report to do an RFP and to make sure that when it's being awarded in the province of Ontario they have the equipment to perform the job safely. That's the issue here. The issue here isn't that you—and I appreciate the fact that you're saying you've—

**The Chair (Ms. Cheri DiNovo):** I'm afraid, Mr. Gates, your time is up. In fact, the time is up.

This committee stands adjourned until Tuesday, May 10, at 9 in the a.m. Thank you all.

*The committee adjourned at 1800.*





## CONTENTS

Wednesday 4 May 2016

Ministry of Transportation.....	E-825
Hon. Steven Del Duca	
Mr. Vinay Sharda	
Mr. Gerry Chaput	
Mr. Ian Freeman	
Ms. Heidi Francis	
Ms. Linda McAusland	

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## Legislative Assembly of Ontario

First Session, 41<sup>st</sup> Parliament

## Assemblée législative de l'Ontario

Première session, 41<sup>e</sup> législature

# Official Report of Debates (Hansard)

Tuesday 10 May 2016

# Journal des débats (Hansard)

Mardi 10 mai 2016

## Standing Committee on Estimates

Ministry of Transportation

Ministry of Health  
and Long-Term Care

## Comité permanent des budgets des dépenses

Ministère des Transports

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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATES

Tuesday 10 May 2016

COMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Mardi 10 mai 2016

*The committee met at 0901 in committee room 151.***The Clerk of the Committee (Mr. Eric Rennie):**

Good morning, honourable members. As the Clerk of the Committee, it is my duty to inform you that as neither the Chair nor the Vice-Chair is here this morning, we must elect an Acting Chair for today's meeting. I would like to remind members that, pursuant to standing order 117(b), the Chair of the Standing Committee on Estimates shall be a member of a recognized party in opposition to the government. Are there any nominations for Acting Chair?

**Mr. Grant Crack:** I would like to nominate MPP Jagmeet Singh.

**The Clerk of the Committee (Mr. Eric Rennie):**

Thank you, Mr. Singh, do you accept the nomination?

**The Acting Chair (Mr. Jagmeet Singh):** With great honour, I do so accept.

**The Clerk of the Committee (Mr. Eric Rennie):** Are there any further nominations? Seeing none, I declare the nominations closed and Mr. Singh elected Acting Chair of the committee.

Mr. Singh, would you please come to take the seat?

**The Acting Chair (Mr. Jagmeet Singh):** A very important matter that we have to address before we begin: In case anyone doesn't know, though my name is spelled with an "a", it's actually pronounced with a "u." So it's "jug" like "hug," and then "meet" like "we meet each other." Just to put that out there.

## COMMITTEE BUSINESS

**The Acting Chair (Mr. Jagmeet Singh):** Now that that very important matter has been dealt with, are there any motions before we begin with today's matters or today's agenda? Are there any motions that anyone would like to table? I understand there was—

**Mr. Michael Harris:** Is it now? Yes, I have one.

**The Acting Chair (Mr. Jagmeet Singh):** Sure, Mr. Harris, I recognize you.

**Mr. Michael Harris:** I move that the Standing Committee on Estimates request that the Minister of Transportation submit responses and documents with the committee no later than June 9, 2016, relating to all outstanding questions as tracked by the legislative research officer during the consideration of the 2016-17 expenditure estimates of the Ministry of Transportation.

**The Acting Chair (Mr. Jagmeet Singh):** Okay. Before we begin debate on this motion, I just want to

remind you that we do have the minister here and we do have a tight schedule, so let's keep the debate on this motion as brief as possible to respect the time of the folks who are here to provide their deputation.

Please begin, Mr. Harris.

**Mr. Michael Harris:** This is basically a formality. Throughout the estimates of the Ministry of Transportation, I had acknowledgement from the ministry or minister about getting back to us on a few of the items that they were unable to answer at the time. We're just putting a little bit of a date on that, that by the end of the session we receive those responses. Again, the legislative research officer, Jeff here, has tracked all those items, so it would be using his list.

**The Acting Chair (Mr. Jagmeet Singh):** Any further debate on this motion?

**Mrs. Kathryn McGarry:** I think that the minister should be given a chance, in good faith, to bring forward the documents that have been requested. He hasn't had that chance to show that yet.

I wouldn't accept this motion at the moment. I would request that we allow the minister to do what he said he was going to do.

**The Acting Chair (Mr. Jagmeet Singh):** Additional debate?

**Mr. Michael Harris:** I would agree with my colleague from Cambridge. We're just simply putting a bit of a timeline on it, at the end of the Legislature. We're not asking for anything other than what we've already asked for. This government talks a lot about transparency, openness and all those things. It's simply putting a bit of a timeline at the end—the last day of the legislative session—that we ask for those responses. I think that's fair.

In the spirit of transparency, questions that we have asked—and they're not so much documents, but they're answers that we would have expected to be forthcoming from the minister in preparation for this committee ahead of time, to be able to have those answers at committee. We were unfortunately not able to get them, simple answers that we felt would have deserved a response here at committee. We just ask for those that were tracked by legislative research to be provided back to the opposition and the government members by the end of the legislative session.

If there's a date that you'd propose other than June 9, I'd be happy to look at it, but I think we're looking at well over a month.



**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Mr. Harris. I recognize Mrs. McGarry. I see Mr. Gates also has his hand up, so afterwards.

**Mrs. Kathryn McGarry:** I think it's a little premature at the moment. I think that putting a deadline on it, as I said, is premature at this time. Just because it's the end of the session doesn't mean that those documents won't be submitted. We're not even finished the committee yet. We don't know what may be requested today. I think that the minister should be given a chance in good faith to bring forward the documentation that was requested and go from there.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Mrs. McGarry. I recognize Mr. Gates.

**Mr. Wayne Gates:** Thank you, brother Chair. How are you this morning?

**The Acting Chair (Mr. Jagmeet Singh):** Very well, sir.

**Mr. Wayne Gates:** Very good.

Listen, I kind of agree with the motion. I was actually surprised that some of the questions that I thought were relatively—not necessarily simple, but certainly with the amount of staff that the minister has, those answers could have been provided. The whole idea of the committee in estimates is to get some answers. You have to come here prepared; your staff have to come here prepared. I was surprised at the fact of some of the lack of answers.

I agree that we should all be open and transparent. I don't think that's an issue for all three parties. I think putting a deadline on it is probably the way we should go. I don't think I want to drag it through the summer as well. If you don't do it by the end of this session, you're looking at getting something in September.

When I take a look at the motion here, I think it's fair. I think it's reasonable. A month to get answers with the quality of staff that I know the Liberals have—they'd be able to do it quite easily.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Mr. Gates. Again, a reminder to try to keep the debate tight.

We've heard from all parties and I understand, Mr. Harris, you'd like to follow up.

**Mr. Michael Harris:** I'll just read out a few of the questions or requests for responses so that the government members know exactly what we're talking about. For instance:

- the number of riders, on a monthly basis, who rode the UP Express with the discounted fare beyond the Presto card discount;

- the number of riders on a monthly basis who rode the UP Express on a complimentary basis or as part of a promotional program;

- the cost of Metrolinx commissioning nine reports on the fare structure of the UP Express;

- the original and revised cost estimates for the Union Station train shed renovation; the revised completion date for the new Burlington GO Station;

- the areas for which the ministry funded the 100 pieces of new equipment for winter road maintenance;

- the added cost for the Union Station train shed renovations to accommodate electric trains; and

- the initial estimate for the Union Station train shed renovation and additional costs since that estimate.

These are all really simple questions that in fact should have gotten a response when asked by the opposition or even the government for the minister or ministry. These are simple numbers that, frankly, the minister should have been prepared to answer with, coming into estimates.

I'll read a quote from your Premier, Kathleen Wynne. She was saying, "Our Open Government Initiative will help create the transparent, accessible government the people of Ontario deserve. This is part of our vision for one Ontario, where every voice counts." That's what your Premier said.

Frankly, we're not asking for anything outside of the things that we've already asked for and were given assurance by the minister or ministry that they would take them back or come back with the answer. We're simply putting a timeline in.

**0910**

Again, we're open to the timeline, but I think at the end of the legislative session is more than enough time to answer some of these simple, basic financial questions that frankly should have been already answered.

**The Acting Chair (Mr. Jagmeet Singh):** I want to make sure that we have everyone's voice heard fairly, but I would like to move now towards wrapping this up. Is that okay at this point? Okay. Are we in a position now to decide on this motion? Yes? All those in favour of the motion? All those opposed? The motion is lost.

**Mr. Michael Harris:** I just want to check if all the members are voting members of the committee today.

**The Acting Chair (Mr. Jagmeet Singh):** Yes, we can double-check that.

Yes, Mr. Gates.

**Mr. Wayne Gates:** Maybe it's too late, but can I get a recorded vote?

**The Acting Chair (Mr. Jagmeet Singh):** It is too late.

**Mr. Wayne Gates:** Really?

**Mr. Michael Harris:** It was defeated.

**Mr. Wayne Gates:** Well, it is early in the morning. I try to help.

## MINISTRY OF TRANSPORTATION

**The Acting Chair (Mr. Jagmeet Singh):** Thank you so much and good morning. We're going to resume the consideration of vote 2701 of the estimates, the Ministry of Transportation. There's a total of—probably not this exact amount yet, is it—two hours and two minutes remaining? Okay, there are.

Before we resume consideration of the estimates, if there are any inquiries from the previous meetings—I think Mr. Harris did already raise some of those—that the minister has responses to, perhaps information can be distributed to the Clerk at the beginning in order to assist

the members with any further questions. Are there any, Mr. Minister? Are any other responses prepared? Not right now.

When the committee was adjourned, the third party had 16 minutes left in their round of questions. Mr. Gates, the floor is yours.

**Mr. Wayne Gates:** Thanks very much. Have you had any update since our meeting the other day? I asked a number of questions about timeline and GO to Niagara. Could you really give me a where-you're-at, where you think we can get to and how quickly we can get to a timeline and funding for GO to Niagara?

**Hon. Steven Del Duca:** Sure. Thanks very much, Mr. Gates, and thank you, Mr. Chair. I know how important this is, not only to the member from St. Catharines but the member from Niagara Falls. In fact, there were a number of people in the building yesterday, including Mayor Diodati and some others, who I bumped into in the hallway, and they took a brief moment, as they often do, to remind me of the importance of this particular issue.

I would just repeat what I said last week when you raised this issue, which is that we continue to work, as per the language in budget 2016, with our freight rail partners for those segments of the GO system where we don't have corridor ownership towards being in a position, hopefully sooner rather than later, to provide an update to the affected communities. We're working hard on it. I just will repeat the guarantee that I gave you last week, which is as soon as we have an update to provide to all of the communities in question, we will do so. So we're working hard, but no concrete timelines just yet.

**Mr. Wayne Gates:** Well, the interesting part about that—Mayor Diodati was here yesterday, and I know Mayor Diodati is a good friend of your party. There's nothing wrong with that, but at the end of the day, Jim has gone on and has said—and Mr. Bradley from St. Catharines—that there will be an announcement in June. The community is expecting June to be the time.

You're the minister. It's coming from somewhere; they didn't pick June out of a hat. The regional chair is saying "June." Every elected official is saying that they've been told it's "June." Are you not aware that there's an announcement in June? Is June not the date, or you're not sure of the date? Because the mayor is saying it as well. The regional chair is saying "June." Your own elected member is saying "June." What you're saying is, "We're hoping to get it done, but there's no timeline. There's no funding tied to it."

I'm just trying to see if June is somebody's imagination, that it's not happening in June. I think the residents of Niagara should at least know where the heck we're at.

**Hon. Steven Del Duca:** I think it is fair to say that the people of not just Niagara but some of the other communities that were referenced on page 71 of Ontario budget 2016 are provided updates as those updates are available. I think what's also really important for all of us to remember, given how passionate the emotions are around some of these topics, is that we not engage in speculation at this point with respect to specific dates.

My responsibility is to continue to move the yardsticks forward and reach a reasonable outcome or conclusion, a positive outcome or conclusion. That's the work that we are focused on right now. Honestly, I'm being as straightforward on this one as I possibly can be. As soon as we have an update to provide, in whatever month that update will be provided, it will be provided. But I want to make sure that we're giving comprehensive and accurate information to the communities when we provide those updates. So we're going to keep working at it.

**Mr. Wayne Gates:** I appreciate it. But when the MPP from St. Catharines is saying "June" as well, maybe somebody should tell you it's June. Just a thought.

**Hon. Steven Del Duca:** The MPP for St. Catharines isn't at this committee right now—

**Mr. Wayne Gates:** I understand that, but he is part of your party.

**Hon. Steven Del Duca:** —and I'm not sure that he would appreciate someone else speaking for him, given that he's been serving in this Legislature for as many years as he has.

**Mr. Wayne Gates:** He is part of your party.

**Hon. Steven Del Duca:** He's an integral part of our party.

**Mr. Wayne Gates:** On page 8 of the briefing books, we see capital expenses of about \$1.9 billion and capital assets of about \$2.1 billion, for a total of \$4 billion in capital expenditures for 2016-17. Last year, these added up to \$4.2 billion. Why have the MTO capital expenditures gone down by \$200 million in 2016-17?

**Hon. Steven Del Duca:** I'm going to ask Linda McAusland, who should identify herself for the committee.

**Ms. Linda McAusland:** I'll do so. Linda McAusland, CAO for the Ministry of Transportation.

The decrease reflects the fact that some of our projects are coming to an end, so there are more projects that actually make up that value. But with Windsor being completed and the 407 East phase 1, you'll see the allocation go down, even though the number of projects on that list goes up.

**Mr. Wayne Gates:** Okay. Exactly how much cash from Ontario taxpayers, as opposed to cash for infrastructure given to the province from the federal or municipal governments or from third parties, will be leaving the treasury in 2016-17 in order to pay for transportation infrastructure?

The second part of that question is, how does this number compare with last year's budget and actual figures?

**Ms. Linda McAusland:** All I can speak to is the \$4-billion allocation that we have. That is all provincial funding. It doesn't reflect any federal or municipal at this time.

**Mr. Wayne Gates:** Okay. I'm going to go to Highway 3 again. One of my colleagues has done a member's statement on it. I'm going to read a little bit of it, just so you understand it maybe a little better and the frustrations that are going on up in his area in Windsor.



The government just spent millions on resurfacing and signage for a section of Highway 3 without expanding the lanes. The same was done for sections of the 401 starting at Tilbury. This section of the highway, like Highway 3, has also been identified for expansion and widening, and if you recall, that started in—do you remember what year that was, when I mentioned it last week?

**Hon. Steven Del Duca:** I think you said 2007.

**Mr. Wayne Gates:** Not bad. I was just checking to see. It was actually 2006, but it's pretty good. That's not bad.

**Hon. Steven Del Duca:** I was pretty close.

**Mr. Wayne Gates:** That's not bad.

**Hon. Steven Del Duca:** In case you don't think I pay attention to you, Wayne.

**Mr. Wayne Gates:** Again, we're talking a long period of time—10 years—on a project. This section of highway, like Highway 3, has also been identified for expansion and widening, yet the ministry continues to spend money on everything but the actual recommended project.

Highway 401, in an area between Tilbury and London, has seen many transport trucks cross the median and go into oncoming traffic—think about that—resulting in fatalities which could have been prevented by a median barrier.

I'd like you to comment. Why are we holding this project up, if we know that people are being killed, truck drivers are crossing the centre line, and people are being injured, and it has gone on for 10 years?

At some point in time, the province has to take responsibility. Because you know; you've got all the facts. You know exactly what has to get done there. What's the holdup, and why are we putting people's lives at risk in the province of Ontario?

**Hon. Steven Del Duca:** I appreciate the question. I think there are a couple of things to remember. I know I did say this last week, but I think it is important for me to recognize that any time there is an injury, and certainly any time there's a fatality on a highway in Ontario, it's something that I take very personally and very seriously. My heart goes out to those involved in any kind of collision, and certainly if there's a fatality, my heart goes out very sincerely to the family and friends of a person who may lose their life as a result of a collision.

Over the last 13 years or so, Ontario has ranked first or second across North America with respect to the safety of our highways. I think that's a tremendous track record. In fact, I think one of the years, the other jurisdiction that managed to, I'll say, "beat out" Ontario was the District of Columbia, from what I recall. I think anybody who would do a comparison between Ontario's highway infrastructure, given its size, and the District of Columbia's would realize exactly how strong our track record is here with respect to road-user safety and the investments we make in our highways.

0920

There is no doubt that there are various parts of the province, on an ongoing basis, whether we're talking

about the Essex area, southwestern Ontario, or we're talking about eastern Ontario—I know I referenced this last week, not that many days ago: I was in Puslinch, Ontario, to announce that we would be proceeding with the Morriston bypass. I know that's a project of tremendous importance to the local member, Mr. Amott, but also to Minister Sandals and Minister McMeekin. I've had, as another example, John Yakabuski speak to me repeatedly about a section of highway in his community that he believes is of significant importance. Just last night, your colleague Mr. Natyshak, who I know is doing his job as the local member for Essex, spoke to me again about the importance of Highway 3 and some of the other challenges that exist in his part of the province.

So my answer would be that we have a very robust highways program with respect to the investments we make on an annual basis. When you look at the totality of the highways in the province of Ontario, obviously, given the vastness of our geography, we're talking about a physically huge—I'll say—asset, owned by the people of Ontario, that requires ongoing maintenance, expansion and rehabilitation. We have, over the last number of years, invested and will continue to invest billions of dollars to make sure that we're able to address the challenges that exist with that kind of asset. It doesn't mean that we can get to every single project that may be deserving of investment all at the same time. I think that's something that everybody would understand. But we do prioritize and we do review the resources that are available. Again, when you're confronting the sheer size and scope of the geography that we have and the demands that we have on our system, you move forward as you can with the projects that are the most urgent need.

We just re-established a stand-alone Connecting Links Program. I'm going to point this out by way of illustrating: We were able to fund a number of projects, but there were some communities that felt that they weren't able to access funding in that first tranche that we've done with Connecting Links. They're right, because the funding set aside—\$20 million, moving up to \$25 million and then \$30 million by the third year—is a finite amount that's available. Again, with Connecting Links as an example, we know the demand is significant.

Again, I think the good news for the people of Essex and for the people of Ontario is that the funding that we provide to support our highways in this province is ongoing; it's annual, and it's billions of dollars, annually. I'm respectful and aware of the challenge that exists in Essex. The ministry will continue to do its work, do its analysis and due diligence and deploy the resources that we have available as we have them available so that it makes sense. But I want to stress: I am aware. I get the challenge, and I feel the responsibility to make sure that we're moving in the right direction in a very real way. But I appreciate the question.

**Mr. Wayne Gates:** Okay, so that was a long-winded answer, but I did write down a couple of things that you said. You talk about priorities: What is your priority? Is it public safety?

**Hon. Steven Del Duca:** That is absolutely one of my top priorities.

**Mr. Wayne Gates:** One of your tops or the top?

**Hon. Steven Del Duca:** Well, sure; it absolutely is a top priority for the ministry and the minister.

**Mr. Wayne Gates:** Okay. I realize that you haven't been there since 2006, so I'll give you your due on that part, but do you think that 10 years of people being killed in that area on our highways—shouldn't that take it to the top of the list on getting infrastructure dollars spent there?

**Hon. Steven Del Duca:** I think sometimes politicians forget the importance of being careful with language. While I respect everyone's right to ask questions as they see fit at committee of course, I think we have to be a little bit careful. There are individuals who are injured and, unfortunately, are involved or—there are fatalities on our highways across the province on occasion.

There are a number of factors that law enforcement will review with respect to any particular motor collision or vehicle collision to determine what the cause of a particular outcome was. I think we have to be really careful to not jump to conclusions, specifically, and with a very broad brush make an automatic presumption or assumption that what we see take place on a particular stretch of highway on a particular day, without any kind of input from law enforcement, in this case, with respect to their analysis as to the determining factor.

Having said that, one of the reasons the ministry has the extraordinary safety record that it does—again, first or second across North America over the last 13 years—is because not just the minister and not just my predecessor ministers but the entire ministry understand the importance of making sure that we keep safety as a paramount concern at all times in the decisions that we're making.

I'm forgetting right now the number of kilometres of highway that we have in the province; perhaps Gerry Chaput can remind me—

**The Acting Chair (Mr. Jagmeet Singh):** Just two minutes remaining.

**Hon. Steven Del Duca:** Thank you, Chair.

We have 16,900 kilometres of highway in the province of Ontario, which I think we would all understand—

**Mr. Wayne Gates:** I appreciate that, but seeing that I've only got two minutes left I want to finish off on this question. I don't need a lesson from you on what I should be saying. What I do know is that people are being killed on this area of the highway since 2006. Your government has known about it and, quite frankly, you should have done something about it.

I'm going to read something quickly, because I've only got two minutes left. This was done by the member from that area who has to live there every day and has to probably go to those funeral homes where people are after getting killed on these highways.

"The government's failure to complete the widening of Highway 3 between the town of Essex and the town of Leamington continues to be a public safety issue. People

are dying on this roadway." This is coming from the MPP elected in that area.

"On April 27"—you guys should listen to this, because it's important—"we had yet another fatal crash. This is one more life that didn't need to be lost due to a roadway which has claimed far too many and will continue to do so until this government lives up to its commitment"—you understand that part?—"and honours the tireless work of Bruce Crozier to widen Highway 3 from Windsor to Leamington."

On April 27 of this year, somebody else died on that highway. I'm not making that up. The member from Windsor's not making it up. You've made a commitment there for 10 years. Why is not getting done? I don't want to hear about all the other highways in the province of Ontario. I understand there are lots of highways; I drive them all the time. But when people are dying on that highway, and you know they're dying, your government knows they're dying, the people of Windsor know they're dying there—they're begging you to finish the project. I'm doing the same thing.

So when you tell me about people losing their lives and getting injured and we can stop that, and we can stop that immediately by finishing the project—

**The Acting Chair (Mr. Jagmeet Singh):** Mr. Gates, thank you so much. That completes your time.

**Mr. Wayne Gates:** I'm just getting going.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you so much. Thank you, Minister. We now move to the government for 20 minutes. I acknowledge Madame Lalonde.

**Mrs. Marie-France Lalonde:** Good morning, Minister.

**Hon. Steven Del Duca:** Good morning.

**Mrs. Marie-France Lalonde:** It's quite a pleasure to be here this morning because, as you're aware, I represent the wonderful riding of Ottawa-Orléans and I was very happy to see that we were the first at the table for the announcement of the LRT phase 1 in Ottawa. I have to say that it's on time and on budget. The mayor is very proud of that record, and everything is going very well.

As you know, phase 2 has been mentioned during the campaign. The Premier made a commitment to be at the table; that's my understanding. I know the city of Ottawa sent a proposal to the minister and the ministry, and I was wondering if you can give me a little bit of a—where are we at in terms of the status of the LRT phase 2, which will represent a lot in my community?

**Hon. Steven Del Duca:** I appreciate that question. I want to begin by thanking you for being both respectful and careful with your language, unlike some other members of this committee who have chosen to grandstand with their questions instead of actually working with the ministry and with the government to try and improve the situation.

For example, it is borderline bizarre that somebody would demand that we continue to invest in certain highways and then stand in their place in the Legislature and vote consistently against budgets that contain



funding to do the exact work that they're claiming should be done. I think we've seen over the last number of years a very clear indication of how the people of Ontario treat politicians who choose to grandstand instead of actually coming forward with responsible positions and responsible platforms.

With respect to Ottawa, I think what's important to recognize is that across a number of municipalities—including Ottawa, of course, as our nation's capital—the Ontario government, under the leadership of Premier Wynne and with all of us involved in her caucus, has, as you mentioned quite rightly, been at the table first with respect to providing significant funding support for truly transformational projects like Ottawa's LRT.

0930

You are quite right in that the Ministry of Transportation has been working closely with the city of Ottawa over the last number of years on this project, and in the last few months in particular as Ottawa has come forward with submissions with respect to the second phase of this important project. The ministry has had some really tremendous and positive back-and-forth with the municipality. I know that in the last number of weeks, there has been additional back-and-forth with respect to making sure that the proposal is responding to some of the questions that were raised, quite rightly, by the ministry, all with a view to providing positive outcomes and a positive update for the city of Ottawa in the next number of weeks and months.

**Mrs. Marie-France Lalonde:** Thank you very much. I have to say, I was very happy in 2014 when our plan to build Ontario up was chosen by the people of Ontario. It makes and will make significant investments in infrastructure. I think that's where we need to be to provide safe roads, but also to help with public transit and building bridges. I'm very happy as the member for Ottawa-Orléans. Thank you for the hard work. To all of the ministry: thank you.

**Hon. Steven Del Duca:** Thank you.

**The Acting Chair (Mr. Jagmeet Singh):** I recognize Ms. McGarry.

**Mrs. Kathryn McGarry:** Thank you very much for being here today. I have met with several delegations during the AMO and ROMA/OGRA conferences in the last while. Those folks were very, very pleased to see Bill 31 passed regarding road safety, recognizing, of course, that distracted driving and drug-impaired driving infractions are a risk to all road users, no matter what the condition of the road. If these very simple measures were taken into account, you would recognize that all road users have an obligation to drive fully alert and following the rules of the road.

In saying that, I know that these same municipalities that I was talking to were very happy to have the gas tax program made permanent in 2013. They use that for their public transportation. When we were in those meetings, they often talked about the federal gas tax program and that there were a few changes with that.

I know that many municipalities are looking for more infrastructure funding to improve their roads and high-

ways for cyclists, for expanding their shoulders and improving their bridges. What they're very excited about and what we're very excited about is that we had a federal election this past October and we have a federal government now in place that has some renewed interest in working with the provinces over transit, infrastructure and transportation things. I know that in Waterloo region, I've been meeting with Minister Bardish Chagger and other area MPPs and MPs regarding transportation issues and projects in and around Waterloo region. We've very excited that the federal government is now looking forward to having a renewed interest.

I know in Toronto last Friday, for instance, the Prime Minister was here in Toronto and had a very big announcement for transit. I'm wondering, then, Minister, what kind of support our government expects to receive from our new federal partner for expansion of transit in Ontario.

**Hon. Steven Del Duca:** Well, thank you very much. That's a great question. I actually had the opportunity to stand with the Prime Minister and with Mayor Tory last Friday in Toronto as the federal government made the announcement that they would be providing up to \$840 million to the city of Toronto for the TTC over the next three years. This would be part of the additional \$3.4 billion that were included in the last federal budget. That's \$3.4 billion in new money over the next three years to support public transit, based, essentially, on ridership across the country. They followed up their budget commitment with, I guess, an announcement or a public communication around \$1.48 billion or so of that \$3.4 billion flowing to Ontario, again, based strictly on ridership numbers.

I know that the Prime Minister—we've mentioned that he was here in Toronto last Friday—has also been to parts of northern Ontario, for example, where he's talked about what some of those municipal transit systems can hope to receive. I think it's important to note that in his remarks Friday, the Prime Minister did say that this is also part and parcel of an ongoing discussion that's taking place with the provinces and territories, which I think is really important to stress, because that means that there is clear recognition federally that it's about all partners being at the table, which I know is a great relief to those who care passionately, as our government does, about investing in public transit and is a significant departure from what we had experienced over the preceding decade when the former federal government chose to unilaterally act according to its own agenda as opposed to being at the table, collectively working with the provinces and territories and, through them, working with all of the municipal partners that are very much so at the table with respect to their hopes and their requests.

There's a significant plan, as you know, to continue to build out a number of the public transit projects that we have across the province here in the greater Toronto and Hamilton area, whether we're talking about GO regional express rail or a number of the LRTs that we are building, including the Crosstown, which is under construction

along Eglinton right now. There will be continued opportunities to engage in discussion with the new federal government to make sure that their understanding of what Ontario's priorities are. I think that we're fortunate in this province to have a government in place provincially that already has a significant infrastructure plan—we all know—over the next 12 years to invest \$160 billion across all forms of infrastructure. It's something that I believe is essentially unrivalled across Canada with respect to what the provinces and territories are doing. In some cases, other provinces and territories are doing quite a bit; it's just remarkable that we are doing that much more in this province thanks to the leadership of Premier Wynne and the rest of our team.

I should note you mentioned gas tax and the provincial gas tax program. It's something that I know we're all very proud of, and rightly so, in the province. Just to mention: Since 2004, we've committed \$3.4 billion in gas tax funding, including in the last round for this year almost \$333 million to support all of the municipalities across Ontario that have transit systems in place, which I know is ongoing annual funding that is very crucial to making sure that, working together, we can keep providing public transit options for the people that we represent in those communities.

By way of example: Those investments are paying off. In 2014, we saw an increase of more than 217 million passenger trips on municipal transit systems across Ontario compared to 2003. Just to put that in perspective: This investment, this gas tax investment that we've made, has had the effect of removing approximately 181 million trips from Ontario's roads since 2003. There's tremendous success, but the work will go on.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you very much. I recognize Ms. McGarry.

**Mrs. Kathryn McGarry:** Just to follow up on that, I know that as part of that gas tax funding, there was a pilot project that was started in Ontario for municipalities that put forward a proposal to pilot a transit project if they were connected with a larger area. This is really serving some of the smaller municipalities throughout Ontario.

For instance, I actually went down to the town of Pelham in the fall to help Mayor Dave down there kick the tires on a new, accessible wheelchair van that was in the town of Pelham. They were successful in their bid because they piloted their program and partnered with the Niagara transit commission to be able to run this wheelchair-accessible van.

We actually were outside a retirement home and there were at least four or five residents that just couldn't wait to get on this bus and to get out to shop. One of them said to me, "You know, I've been stuck here for two years and I'm really very much looking forward to being able to get on this transit van and go throughout the stores and where I need to go, getting in and out of physicians' offices and being far more independent."

I know that there are several pilot projects that are under way right now in Ontario taking advantage of that

gas tax funding. They have said that if it's successful, they'll look at permanent funding. Can you just speak a little bit more to those pilot projects, maybe where we're at and where we can see that going in the future?

**Hon. Steven Del Duca:** Another great question. On the community transportation pilot program, I remember being in Etobicoke to make the announcement a number of months ago with, from what I recall, the original \$1 million in funding that was applied to that program. It has since been doubled up to \$2 million.

**0940**

We were in Etobicoke; it was me, Mario Sergio, the minister responsible for seniors, and Yvan Baker, the local member for Etobicoke Centre. We actually did the announcement at a facility that provides services to seniors in that community. Interestingly, it was a great announcement for all the really sound policy reasons, which I'll get to in a quick second, but it was also a venue that was around the corner from where I grew up in Etobicoke, before we moved to Vaughan. It was actually bringing flashbacks for me, because right next door to where we were standing for the announcement was the nursery school I went to as a kid. The residential streets around the area were where I delivered the newspaper as a kid growing up in that part of Etobicoke. So it was actually pretty remarkable to go back and make the announcement.

The one thing I'll say about that particular pilot program: I remember when it was first brought to my attention not that many months after becoming minister. Sometimes, we kind of lose perspective, I think, in a good way, because we're very much fixated on—and as I say, politicians of all parties—the massive dollar amounts that are included for the significant infrastructure we're building: LRTs, GO regional express rail, highways and so much more.

When I first heard about the amounts in this particular pilot program—and again, I'm a guy who spent his entire life in the GTHA as a resident—I thought, "Well, how impactful could this actually be?" Because the dollar amounts didn't give the impression of being huge. Then we had the consultations, we had the discussion at AMO and elsewhere, we started to roll out the funding, which I think is capped at a maximum of \$100,000 per grant. I could be wrong about that, but I'm pretty sure that it's pretty close to that—

**Interjection:** It is.

**Hon. Steven Del Duca:** It is; okay. I hear that I'm right. Okay, good.

But the impact that we then heard back—I know you heard it as well at some of the AMO opportunities we had—was actually quite extraordinary in terms of how much of a positive impact this funding support through this program was having for communities which, without that kind of support, wouldn't necessarily be able to take that leap towards providing a service that's essential for those who otherwise might not have that opportunity.

I think there's a good lesson in that sometimes. We obviously care about the big projects because those are



what will fundamentally move thousands of people and achieve things like the number of car trips off our roads via the gas tax and so forth. But sometimes, it's also in the micro. Sometimes, it's also in those smaller, more scoped projects that we have to be enlightened enough to pursue. We're very proud of that one, and I know we'll continue to look for creative ways to support communities with funding programs like that one.

**Mrs. Kathryn McGarry:** Thank you.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you very much. I recognize Mr. Crack.

**Mr. Grant Crack:** Good morning, Minister, staff.

**Hon. Steven Del Duca:** Good morning, Mr. Crack.

**Mr. Grant Crack:** Minister, can I ask you a question about Connecting Links? I hope you're ready.

As you know, as a former mayor, I was pretty excited when we reinstated the Connecting Link Program. We've been hearing about that at ROMA/Good Roads and AMO conferences for a number of years. I think there is some frustration out there with the amount of funding that's due, so maybe you could just tell members of the committee or advise members of the committee what the Connecting Link Program is, what it's all about, how much funding and what we plan to do with it in the future.

**Hon. Steven Del Duca:** Sure. Thank you very much for that question.

The Connecting Links program existed in Ontario up until a few years ago; I'm forgetting exactly how long ago, but about three or four years ago, roughly. Then a decision was made at that point in time to take that funding that historically had been, on an annual basis, depending on the year, in the range of \$15 million to \$20 million on average.

That funding opportunity was then rolled into other larger infrastructure funds, which at the time made a lot of sense, but what actually happened—and we certainly heard about this loud and clear at ROMA/OGRA conferences, at AMO conferences and in bilateral discussions with the affected municipalities. What that meant, then, for those communities that actually had a Connecting Link was that they would have to make a choice. If they were coming forward and had an infrastructure need—let's say it was in waste water, as an example—but they also had a Connecting Link, and both were in need of support, they would feel, possibly rightly so, that they would have to make a choice between the two, because we took that historic Connecting Links funding and, again, rolled it into a larger envelope.

There was a pretty clear message delivered that there was a need for a stand-alone Connecting Links Program. There are 77 communities in Ontario that have a connecting link. It could be a road; it could be a bridge, for example. There's a specific definition for what constitutes a connecting link.

So after the consultation occurred over the last couple of years, there was a decision made by our government as part of the Moving Ontario Forward plan to re-establish a Connecting Links Program as a stand-alone so that for

those 77 communities, they wouldn't have to make a very difficult choice. They could choose through other funds, like the Ontario Community Infrastructure Fund, the OCIF. They could apply to support things again, like waste water infrastructure, but if they had a connecting link, they could apply to a stand-alone fund, and those two would no longer be mixed or intermingled.

**The Acting Chair (Mr. Jagmeet Singh):** Just a quick reminder: two minutes left for questions.

**Hon. Steven Del Duca:** Thank you, Chair. So we announced initially a re-establishment of the Connecting Links Program. We've since had a chance—the Premier's had a chance—to go back and make the announcement that we're actually taking the original amount, which I believe was \$20 million that we had announced, and it's growing over the next couple of years. So it's \$20 million this year, \$25 million next year and then \$30 million the year after, and \$30 million on an annual basis going forward.

For those 77 communities, a number—almost all; not quite all, but almost all—came forward and applied for funding because there was an urgent need out there, and a number have now received confirmation that they are going to receive funding out of this first intake. There will be another intake that will happen because, again, this is an annual program.

I referenced a little bit earlier that some communities were disappointed. I get that; I understand that they were disappointed. But they will have a chance to apply again, and because it's an annual fund, I think we're going to get to a point fairly soon in the program where we will have managed to deal with a good chunk of that pent-up demand and then be able to provide ongoing rolling support for those 77 communities.

I certainly know the response has been overwhelmingly positive, and I think it's a clear example of a government that listens and responds appropriately.

**Mr. Grant Crack:** Thank you very much. I think that's about it, eh, Mr. Chair?

**The Acting Chair (Mr. Jagmeet Singh):** Just about. Yes, 30 seconds left. Do you want to say anything else?

**Mr. Grant Crack:** Any final comments, Minister?

**Hon. Steven Del Duca:** Again, Connecting Links is a great example of having the chance to hear directly from the communities that are affected about some of the occasional unintended consequences of decisions. But being able to pivot and make a decision largely because we do have the Moving Ontario Forward plan, that \$31.5 billion over a decade, is something that I think reflects really well that these are not just transportation links. In many cases, they're vital economic links as well. Thanks, Chair.

**Mr. Grant Crack:** Thank you.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you very much.

We move now to the official opposition. I recognize Mr. Harris.

**Mr. Michael Harris:** Good morning, Minister. Staff, good morning. We ended off last week on winter main-

tenance. I think we all agree that road safety is imperative, especially in the wintertime, but as you know, over the last few years—relatively since 2009, since your government basically watered down the contracts to save a few bucks—our roads have in fact been more dangerous for people who have set out, especially in the wintertime.

I asked you or I was getting to the Ottawa-area maintenance contract that was recently tendered. It wasn't awarded. Were you told of the tender prices for the recent submission?

**Hon. Steven Del Duca:** For the Ottawa contract—I actually don't recall if I was made aware of the prices for the Ottawa contract specifically.

**Mr. Michael Harris:** That was one of those contracts that was broken or walked away from mid-term—

**Hon. Steven Del Duca:** It was a mutual agreement with the contractor in place.

**Mr. Michael Harris:** Right. It was re-tendered, and there were three bidders, I believe, at the very least.

I guess I'll ask the ministry staff. Did you brief the minister on the tender prices for the Ottawa area maintenance contract?

**Hon. Steven Del Duca:** Gerry's just going to clarify the number of bidders etc.

**Mr. Michael Harris:** Yes.

**Mr. Gerry Chaput:** Gerry Chaput, assistant deputy minister of provincial highways. There were five bidders, I think.

**Mr. Michael Harris:** Did you brief the minister on the tender prices that you received?

**Mr. Gerry Chaput:** I was just going to correct the record on the last time because we weren't quite clear on those.

**Mr. Michael Harris:** Okay, sure.

**Mr. Gerry Chaput:** Okay. It was Cruickshank construction, which is a sister company of HRM; Integrated Maintenance and Operations Services; Loiselle Group; and R.W. Tomlinson. So there were four contractors that bid on the contract.

0950

**Mr. Michael Harris:** Did you provide a briefing note to the minister or a summary of the tender—you know, the tender numbers or information?

**Mr. Gerry Chaput:** I don't believe we did, no.

**Mr. Michael Harris:** Okay, so Minister, you don't recollect anyone telling you what the lowest bidder number would have been for the Ottawa area?

**Hon. Steven Del Duca:** I don't recall. I don't recall getting information with respect to the specific numbers around the bids. I don't recall that.

**Mr. Michael Harris:** Specific numbers but, would you say that—I mean, there was obviously a decision to not award the contract and to move to a more managed outsource model.

**Hon. Steven Del Duca:** That is correct.

**Mr. Michael Harris:** Who would have made that decision?

**Hon. Steven Del Duca:** That was a recommendation that came to me, and I was in agreement with that recommendation.

**Mr. Michael Harris:** Was the recommendation made to go that route because the tenders received were substantially higher than what you had accounted for or budgeted?

**Hon. Steven Del Duca:** I think the recommendation and the ultimate decision on that particular one were made because we felt it was the best way to provide value to the people of Ontario, but in particular with respect to making sure that for that contract area, we would have for the foreseeable future a service in place that would give us the winter maintenance—well, the year-round maintenance, but the winter maintenance specifically—that the people of that contract area expect and deserve.

**Mr. Michael Harris:** The last cost for the fiscal year was \$15,984,300. Some suggest that that could have doubled, in fact, for the tenders that were received. I'll just put this and then we'll move on to something else, but not only has this government put Ontario motorists lives at risk with the poor standards that they've put in place with this AMC, now they're moving back to the managed outsource. This file is yours, and it's going to be a file that will be scrutinized by the public. We hope that you'll do a better job, not only with dealing with these contracts—it's just been a disaster. I think you have to agree with me on that from a fiscal perspective, but also from a road safety perspective.

I'll leave it at that, but we will keep an eye on some of those numbers and ensure that, come the wintertime, motorists can be assured that when they head out, the conditions are as good as they're going to get.

I would have hoped that the member from Cambridge would have talked about some local Kitchener-Waterloo regional transit initiatives. That brings me to the Waterloo ION. Of course, I did catch that announcement with the new Prime Minister last week in Toronto.

It made me think and recall the time in Kitchener-Waterloo when we had a funding partner in our federal government under Prime Minister Harper. Of course, there was a provincial commitment of two thirds, and then the cart was kind of pulled out from under the folks in the region of Waterloo. They slashed a third of the funding, sticking it to the local taxpayer. Of course, we're moving forward with the ION. We're in the midst of construction. You'll probably have heard about the corduroy road that's being pulled up.

**Hon. Steven Del Duca:** I saw a picture.

**Mr. Michael Harris:** But I think aside from construction and paying for it, the Bombardier LRV issue is something that's on a lot of people's minds. We talked about this briefly. I recall asking about having conversations with Bombardier. There was an article on April 13 in the Waterloo Regional Record indicating that "the first train for the region of Waterloo's light rail transit project will be delayed by two months to October and the final, 14th vehicle will be delayed by four months to May 2017." Were you aware of this?



**Hon. Steven Del Duca:** Generally speaking, I'm aware of the challenge that we face with Bombardier.

**Mr. Michael Harris:** So Bombardier has already come forward and said that the delivery for the LRVs to the Waterloo region—which is the first project of your 182-LRV purchase by Bombardier—will be delayed. Were you aware of this?

**Hon. Steven Del Duca:** I was aware of the fact that there were challenges at large with Bombardier, and also challenges specific to the Waterloo project, yes.

**Mr. Michael Harris:** So have you had conversations directly with Bombardier or your officials with regard to this specific delay of the Bombardier LRVs to the region of Waterloo?

**Hon. Steven Del Duca:** There has been, over a number of months, I think, a consistent message delivered by me and by others, including the team at Metrolinx and the ministry itself, to Bombardier to express that we do have concerns around their ability to deliver a couple of things: to deliver on existing requests, contracts, etc., but also when you take a look at the rest of our transit infrastructure build-out, GO regional express rail, and a lot of other items that are included in there—you know, concerns about the ability that a traditional, significant supplier would have—I think that what you're seeing publicly, by way of media, is reflective of those concerns as well.

**Mr. Michael Harris:** Have you asked for assurances from Bombardier that the ION project will meet its launch in 2017?

**Hon. Steven Del Duca:** At the end of the day, I think there's an expectation that Bombardier will be required to meet its contractual obligations. I would say that of any contractor.

**Mr. Michael Harris:** If those contractual agreements are not met, are there any penalties for late delivery?

**Hon. Steven Del Duca:** Sorry?

**Mr. Michael Harris:** When you talk about those contractual agreements, what are the penalties embedded into that contractual agreement if they were to be missed?

**Hon. Steven Del Duca:** From what I remember, this is a question that actually came up last week as well that we had said we would take back.

**Mr. Michael Harris:** And you have not been able to clarify on that answer yet?

**Hon. Steven Del Duca:** It's one of those ones that we're going to take back.

**Mr. Michael Harris:** Does anybody know, or can anybody tell me, if there are any penalties built into the Bombardier contract for late delivery of the vehicles? Can anybody tell me if there are penalties at all? You talked about those contractual agreements. You must have a good understanding—

**Hon. Steven Del Duca:** I don't think it's helpful to speculate on what a specific provision in a specific contract would be, here at committee, but we will take it back.

**Mr. Michael Harris:** Would it be fair, though, that an agreement of that magnitude would have penalties built into it for late deliveries?

**Hon. Steven Del Duca:** I think it's reasonable for someone to expect that a contract of that nature would include all of the different clauses and measures that one would anticipate would exist in a contract of that nature. But I'm really not in a position to speculate today, so we will take that back.

**Mr. Michael Harris:** I'm just trying to think as to why we wouldn't want to be more transparent to the taxpayers who footed the bill for 182 LRVs that their government didn't build penalties into the contract, knowing the track record, unfortunately, of this company.

**Hon. Steven Del Duca:** Yes, but now you're taking a bit of a leap in logic—

**Mr. Michael Harris:** Clarify it, then. Tell us.

**Hon. Steven Del Duca:** What I've said is that I won't speculate here today.

**Mr. Michael Harris:** Tell us that their government negotiated a good deal for them, and that if the trains are late and delays will mount because of that, their government established safeguards for the taxpayer, and that there will be penalties brought forward to the company.

**Hon. Steven Del Duca:** I don't think it's helpful to either speculate or engage in hypotheticals at this point in time. Having said that, I'm prepared to take that one back.

**Mr. Michael Harris:** Will you get back to us on that?

**Hon. Steven Del Duca:** I'm prepared to take it back and have a look. Again, I don't know what's contained in this specific section of this specific contract. I don't know what other potential commercial imperatives there might be in that particular aspect of a contract, which I think you can understand and respect. So I'm not going to speculate and I'm not going to engage in—

**Mr. Michael Harris:** I get that. We're just asking about penalties.

**Hon. Steven Del Duca:** I understand what you're asking, but I'm not going to—

**Mr. Michael Harris:** Can you tell us what the penalties are if the ION product is complete but there are no trains to put on the track? Why can't you tell us those penalties?

**Hon. Steven Del Duca:** Because I don't think it's helpful, even to you, frankly, for me to speculate here at committee, so I will take that one back.

**Mr. Michael Harris:** But will you make a commitment to get back to us on that?

**Hon. Steven Del Duca:** I will make a commitment to take that one back.

**Mr. Michael Harris:** I wish you had brought whoever you're taking this back to today, to committee, so that we could have asked them directly.

I think you've got our concerns clearly—

**Hon. Steven Del Duca:** I do.

**Mr. Michael Harris:**—on not only the track record for the TTC, with the streetcars, but the LRT purchase, especially the project in the region of Waterloo.

Speaking of trains in the region of Waterloo, we'll move on to all-day, two-way GO, something I'm sure you're well aware of.

Back before the 2014 election, the Premier came to town and made a commitment. The then transportation minister said that we could accomplish that within five years. In November, the member for Kitchener Centre indicated that all-day, two-way was actually more like 10 years away. Would you agree with her?

**Hon. Steven Del Duca:** All that I can speak to, all that I can remember, is that in 2014, both our platform commitment and our budget, which we passed in the summer of 2014 following the election, was that we would deliver GO regional express rail, which would include two-way, all-day trains along our corridors, within a decade.

I think we are on track. We continue to work on that, but we are on track to be able to deliver on that commitment. I'll speak to the 10-year commitment that was included in both our platform and the Ontario budget. I guess that would have been 2014.

**Mr. Michael Harris:** The 10 years was from the date that the promise was made, back in 2014?

**Hon. Steven Del Duca:** In 2014, yes.

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**Mr. Michael Harris:** So I guess Minister Murray was incorrect to say "five years."

**Hon. Steven Del Duca:** I'm not in a position to make a comment about what someone else might have said. What I'm in a position to talk a little bit about, which I'll talk quite a bit about if you'd like me to, is that we did make a commitment in our platform—I say that as someone who served as platform co-chair in 2014—that was then included in our budget of 2014, which we passed after our victorious election campaign.

**Mr. Michael Harris:** It was also noted by that member that federal and shared rail hurdles are to be negotiated. Can you give us an update on those negotiations?

**Hon. Steven Del Duca:** Yes. Specifically in the case of the Kitchener corridor, the challenge is that once we move effectively beyond Brampton, there's a chunk of that corridor—I think you know this—that's owned by CN. This year's past provincial budget—I think it's on page 71—references that we will continue to engage with our rail partners, CN and CP—CP for other corridors; CN for the Kitchen corridor—so that we can hopefully get to a place where there's an agreement and therefore then, what I like to say, unlock the true potential of the Kitchener corridor. When there's a chunk of the corridor, in the case of the Kitchener corridor, that we don't own outright, it has the potential, and in this case it does, in fact, limit the number of trains that we can run through that section.

**Mr. Michael Harris:** So those negotiations you would say are ongoing?

**Hon. Steven Del Duca:** They are.

**Mr. Michael Harris:** When would they have started?

**Hon. Steven Del Duca:** I can speak to the stretch of time, I guess, since I became Minister of Transportation. They have been essentially ongoing for certainly the last—

**Mr. Michael Harris:** Has there been anything agreed to at this point?

**Hon. Steven Del Duca:** There have been a lot of really positive discussions back and forth. I think everybody understands clearly—whether we're talking about all of the corridor municipalities and their mayors and councils, including your home region, your home community, to the mayor of Toronto—we have to do our best to unlock the transportation challenges in what's known as that innovation corridor. That's what we're working hard on. I think CN understands that too, but I respect that they're a private entity and they are required to run their business, which, by the way, helps to strengthen our economy, generally speaking.

I would say that we are hopefully being—like I mentioned regarding Niagara Falls earlier, I expect that we'll be able to provide an update at some point in the future. As soon as we're able to provide that update, we will do so.

**Mr. Michael Harris:** Do you have an expectation or a timeline as to when you expect to finish those negotiations?

**Hon. Steven Del Duca:** I don't have a specific date in mind.

**Mr. Michael Harris:** Have you set a timeline to your officials for the negotiations to be complete?

**Hon. Steven Del Duca:** Urgent. There's a feeling of urgency around unlocking all of these corridors. There's no doubt about that.

**Mr. Michael Harris:** Would there not have been discussions ahead of time with these rail partners before making that promise before an election?

**Hon. Steven Del Duca:** I can't speculate about what took place before I became minister. I know that over the last number of years, including shortly after I became minister, there was another section of the Kitchener corridor that we did acquire. I think I mentioned last week that the government of Ontario owns about 80% of the corridors that we run our GO trains on, and there was an acquisition, again, just shortly after I became minister, for a chunk of the Kitchener corridor.

We've made some really tremendous progress with respect to acquiring more of these corridors, but there is still that 20% that's outstanding.

**Mr. Michael Harris:** Following that all-day promise in the first place, I'm sure they would have looked at costs and ridership. Have there been any studies since that election promise and then re-promise? Have there been any studies or costs at all done in terms of what the costs or the ridership would look like, similar to the UPX?

**Hon. Steven Del Duca:** I know that on GO regional express rail, which the Premier and I announced in April 2015, which is the \$13.5-billion plan over a decade—I'm quite certain that the business case for that is now being posting to Metrolinx's website. That information is now contained publicly.

**Mr. Michael Harris:** Specific to the Kitchener two-way, all-day announcement, have there been any specific studies in terms of costs and ridership?



**Hon. Steven Del Duca:** The business case that I referenced a second ago would include the Kitchener corridor from Union to Bramalea, I'm quite certain.

**Mr. Michael Harris:** I'm not—I'm curious about—

**Hon. Steven Del Duca:** That's part of the Kitchener corridor. That's what you asked.

**Mr. Michael Harris:** It is, you're right, but we're talking about the rest of that.

**Hon. Steven Del Duca:** The other part of it is obviously, when you're engaged in negotiations, as we have been in discussions with, in this case, CN—I think some of what you're asking about goes to the heart of the discussion and negotiation, so I don't want to speculate about what costs might look like until we actually know, based on the outcome of the discussions.

**Mr. Michael Harris:** So you've not done any ridership numbers or case studies similar to the UPX?

**Hon. Steven Del Duca:** Like a business case analysis?

**Mr. Michael Harris:** Yes.

**Hon. Steven Del Duca:** I believe Metrolinx has undertaken some work with respect to what the comprehensive business case would be, assuming that we ran two-way all-day trains all the way out to Waterloo. I think one thing you also have to keep in mind is that part of the discussion ultimately—and this would exist on all of our corridors—is what the ultimate service concept will look like. Do you run an express train, do you run nothing but all-stop trains etc.?

But I think we would all agree, and I certainly heard it from Mayor Vrbancovic, Regional Chair Seiling and others, that the idea of being in a position to run trains in both directions, because of the nature of the innovation corridor, is something I know they are very keen for us to achieve.

**Mr. Michael Harris:** Yes, they are.

**The Vice-Chair (Mr. Jagmeet Singh):** Two minutes remaining.

**Mr. Michael Harris:** The Kitchener Centre MPP also told reporters following the budget that there was going to be a very substantial announcement on all-day, two-way GO before the summer. What is that announcement, Minister?

**Hon. Steven Del Duca:** I appreciate that question. What I believe the MPP has said, which is going to sound very similar to what I said a second ago regarding Niagara Falls, is that we are hopeful that we will be in a position to provide an update to the affected communities sooner rather than later, and as soon as that update is ready to go, with all of the necessary approvals, we will provide that update.

**Mr. Michael Harris:** You'll recall the long-time-ago promise—because I'm sure you've been briefed on it—about “four trains in, four trains back.” We're only seeing two in, two back. Is that major announcement just simply the addition of the additional two trains that were, frankly, due a long time ago?

**Hon. Steven Del Duca:** I know you don't want me to engage in unhelpful speculation at this point in time. I think that the work that is currently being undertaken

needs to run its course. It will. There is an urgent need that we all feel to try and unlock the potential of this particular corridor, and as soon as we're—

**Mr. Michael Harris:** How come this substantial announcement didn't make its way into the budget?

**Hon. Steven Del Duca:** I think you would appreciate that what the budget referenced is that we are still engaged in ongoing discussions and negotiations with our rail partners and with the federal government, depending on the circumstances or the situation that we're talking about. Again, as soon as we're in a position to provide a responsible update to the people of Waterloo, Niagara Falls or other communities, we'll be happy to do that.

**Mr. Michael Harris:** So again, just to clarify, you have not set a timeline on when you'd like to see those negotiations wrapped up with your rail partners?

**Hon. Steven Del Duca:** I think you also have to recognize that there are other—well, the short answer is no, there is no set date per se, because, frankly, we can only control what we can control. I know that CN and CP also understand the nature of the challenge that we're facing and the urgent need that we have to provide those, so we're working on it.

**The Vice-Chair (Mr. Jagmeet Singh):** Thank you very much, Minister.

**Mr. Michael Harris:** That's it?

**The Vice-Chair (Mr. Jagmeet Singh):** That's the 20 minutes. Thanks. Mr. Gates: 20 minutes.

**Mr. Wayne Gates:** Do I have 20 minutes, or are we—

**The Vice-Chair (Mr. Jagmeet Singh):** You'll have until 10:15, so about seven minutes.

**Mr. Wayne Gates:** I appreciate that, Chair.

I'll tell you that one thing that I've really learned over these wonderful three hours at estimates is that the government could use somebody to do a better job of bargaining agreements with a number of your partners, not only to protect taxpayers, but quite frankly maybe to protect your government.

What is the Treasury Board's approved maximum price for the Highway 427 P3 that you'll be giving bidders during the RFQ and the RFP stages?

**Hon. Steven Del Duca:** That's a project that is currently in procurement right now. The RFP was released a number of weeks ago. I'm not in a position to provide a number with respect to that. At the end of the day, we want to ensure that we are providing the taxpayers with maximum value for their tax dollars on this and all of our important infrastructure projects, so the procurement that is now out there in the market will run its course and we expect to have those bids back in the next number of months.

**Mr. Wayne Gates:** Is there a final date for when they have to be back, a closing date? Did you put a closing date on it?

**Hon. Steven Del Duca:** Gerry?

**Mr. Gerry Chapat:** The RFP closes at the end of August this summer, and it will proceed to financial close over the next year.

**Mr. Wayne Gates:** August 31?

**Mr. Gerry Chaput:** August 29, to be exact.

**Mr. Wayne Gates:** Just a question: How much more will Highway 427 cost per kilometre as opposed to the usual cost per kilometre of a highway project like this?

**Hon. Steven Del Duca:** I'm not sure I understand the question.

1010

**Mr. Wayne Gates:** Well, is it going to cost more money? I guess you'd take a look at the report that the P3s have cost the province \$8.3 billion more, and not just in infrastructure—

**Hon. Steven Del Duca:** Oh, the Auditor General's report?

**Mr. Wayne Gates:** Yes. It said that P3s cost more money. From what I'm getting here, this is going to be a P3 project.

**Hon. Steven Del Duca:** It is.

**Mr. Wayne Gates:** How much more is it going to cost, as opposed to the usual cost per kilometre of a highway project like this?

**Hon. Steven Del Duca:** I don't accept any aspect of the premise of that question, from the auditor's report regarding AFPs to the rest of that question.

This is a crucial infrastructure project for this part of the GTA. It will unlock hundreds of acres of employment land and, therefore, lead to massive job creation, both indirectly and directly. It is something that's long overdue for this particular part of Ontario. We are delivering it in the quickest and most effective and efficient way to deliver this kind of project.

Frankly, we have a world-leading record here in Ontario by virtue of how we deal with procurement of delivering massive, large-scale infrastructure projects, across a multitude of sectors, on time and on budget.

**Mr. Wayne Gates:** Okay. That wasn't my question. I guess if you're saying—

**Hon. Steven Del Duca:** Because your question didn't make any sense, so I chose not to answer it the way that you asked it.

**Mr. Wayne Gates:** Well, in your opinion, you didn't, obviously, because I probably don't agree with you on some P3 projects. If somebody's telling me a lot—

**Hon. Steven Del Duca:** Right. Clearly you don't.

**Mr. Wayne Gates:** I'm not saying this, okay? But somebody's telling the government that P3s cost the government over \$8 billion more than what they should have—

**Hon. Steven Del Duca:** I don't accept the premise.

**Mr. Wayne Gates:** You don't agree with that—

**Hon. Steven Del Duca:** I don't at all.

**Mr. Wayne Gates:** I'm speaking—

**The Acting Chair (Mr. Jagmeet Singh):** One at a time. Let Mr. Gates finish his question.

**Mr. Wayne Gates:** Then I'll let you speak, and you can have as much time as you like.

**Hon. Steven Del Duca:** Great.

**Mr. Wayne Gates:** But my understanding is, somebody who put a report together has said that P3s are costing \$8.3 billion more than the normal way. I guess

what I'm saying here is that you're putting this out as a P3. Is that correct?

**Hon. Steven Del Duca:** Yes, that's correct.

**Mr. Wayne Gates:** Somebody can tell me if I'm right.

**Hon. Steven Del Duca:** That is correct.

**Mr. Wayne Gates:** What I'm asking you is, if you don't do it by a P3, what is the usual cost per kilometre of a highway project like this? I think it's a very simple question. You should have that. You know what it costs if it's not a P3. You should know what it costs if it is a P3. So maybe you don't understand the question. I can understand that—

**Hon. Steven Del Duca:** No, I understand the question. I also understand the simplistic approach that you're taking to the analysis, because, yet again, you're trying to grandstand around a question. I'm going to believe that that's the case, because I wouldn't want to believe that you could be so completely misled around how we deal with procurement as to ask, frankly, what I believe is a farcical question here at committee.

Having said all of that, I know that cutting across all sectors, from transportation to health care to justice to so many others, we have now delivered almost all, if not virtually all, of our large-scale AFP infrastructure projects on time, and a substantial portion on budget. That's being benchmarked independent of government. We have a world-leading ability to deliver these projects.

I also know what our experience was in the province of Ontario on large-scale procurement before 2003. What I know is that we will deliver the 427 extension, as we are currently delivering the 407 East, as we've delivered on multiples of hospitals that exist here in the GTHA and Niagara region and beyond, using partnering, in our case, between the Ministry of Transportation and Infrastructure Ontario, to make sure that we are providing benefits to the people of Ontario, providing value to the taxpayers and actually delivering on the projects that the people expect us to deliver on.

**Mr. Wayne Gates:** I'll take you calling me "grandstanding" as a compliment, considering it's coming from probably the best grandstander that I know, so I do appreciate that.

**Hon. Steven Del Duca:** I appreciate that. Thank you. Lots of compliments here this morning.

**Mr. Wayne Gates:** I don't think there's anybody better, so I'll give you those marks.

**Hon. Steven Del Duca:** I appreciate that.

**Mr. Wayne Gates:** I'll give you an example. It's certainly an example on P3s, because you mentioned hospitals, so you opened up the door.

In St. Catharines, we built a P3 hospital for a billion dollars. Actually, it was \$1.1 billion. It's around 350 beds. In Peterborough, where one of your members is from, they built almost the exact same hospital—same size, number of beds—for \$350 million.

Do you know what the difference was? The difference was that the one in St. Catharines was a P3. It cost \$700 million more. The one in Peterborough was publicly



funded, publicly delivered. So there's a difference of \$700 million.

So when we're hearing reports that it cost \$8.2 billion, I would think that it may be accurate. Having said that, wouldn't it—

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Mr. Gates. You'll be able to pick up the rest of your questioning after the recess.

**Hon. Steven Del Duca:** Thank you, Chair.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Minister. I want to say "Mr. Minister" because I'm saying "Mr." to everybody, but it's just "Minister."

Before we recess, I just want to give everyone a heads-up that there will be another meeting in here, so please take your belongings. Normally you can leave your belongings behind, but in this case, please take them with you.

We will recess until after routine proceedings today. Thank you so much.

*The committee recessed from 1015 to 1545.*

**The Acting Chair (Mr. Jagmeet Singh):** Good afternoon, members. Committee will now resume. We are here to resume consideration of vote 2701 of the estimates of the Ministry of Transportation. There is still remaining a total of 58 minutes. When the committee recessed this morning, as you all recall, we were with the third party. They have 13 minutes left in their rotation. Mr. Gates, the floor is yours.

**Mr. Wayne Gates:** Thank you very much.

I'm going to follow up from this morning as well, because the response you gave me was a little bit of a concern, so I just want to clarify some things. Minister, would you agree with the statement that the Auditor General's office "is an independent office of the Legislative Assembly that conducts value-for-money and financial audits of the provincial government, its ministries and agencies"?

**Hon. Steven Del Duca:** Yes.

**Mr. Wayne Gates:** I like short answers. Would you agree that the Auditor General herself then operates in an independent and impartial manner in preparing and presenting her reports?

**Hon. Steven Del Duca:** Yes.

**Mr. Wayne Gates:** Would you then agree that disputing her reports is, in fact, disputing her ability to act as an independent and impartial judge?

**Hon. Steven Del Duca:** No.

**Mr. Wayne Gates:** Could you elaborate on why you would say no?

**Hon. Steven Del Duca:** Sure. I think this morning we were talking a little bit about the auditor's report with respect to the AFP procurement model that the government of Ontario has used over the last number of years. I think at that time, when that report was released, a number of us within government, myself included, felt—I will say, from my perspective, despite best efforts—that there were perhaps some aspects of the assessment, particularly around risk transfer and the benefit or value that flows to the taxpayers of Ontario as a result of that

risk transfer, that were not taken into account to the extent that I believe they should have been taken into account.

I know I've already said here at committee on more than one occasion that we have an extraordinary track record of delivering large-scale infrastructure projects in Ontario across a number of different areas, including transit and transportation, where there are some that have already been delivered and some that continue to be delivered and will be delivered. For example, you mentioned the Highway 427 extension this morning, where the AFP model, I believe, has demonstrated that it can deliver on time and on budget and provide significant value to the taxpayers, especially as it relates to historically how we have been able to deliver projects. I think that answers the question.

**Mr. Wayne Gates:** Sort of.

**Hon. Steven Del Duca:** I could try again.

**Mr. Wayne Gates:** In that case, Minister, I'm interested to know how you would respond to this section of the 2014 annual report that focused on Infrastructure Ontario. The report states: "For 74 infrastructure projects ... where Infrastructure Ontario concluded that private-sector project delivery ... would be more cost-effective, we noted that the tangible costs ... were estimated to be nearly \$8 billion higher than they were estimated to be if the projects were contracted out and managed by the public sector."

How would you respond to that, Minister?

**Hon. Steven Del Duca:** It's been a little bit of time that's passed since that report came out. My recollection was that the official response—not that I'm here to speak on behalf of Infrastructure Ontario, because, of course, they do report to government through a different ministry: economic development, employment and infrastructure. But from what I recall, I believe that there was an assessment of—forgive me if I'm off in my number, but I seem to recall that there was a risk transfer value of somewhere in the neighbourhood of \$17 billion that was assessed for those projects that demonstrate—and I could be off in my number, so forgive me for that—on balance, a significant, tangible financial value to the people of Ontario by the way in which we procured the projects that were being referenced. In essence, I think there was an underestimation of the value that should be placed on that risk transfer.

**Mr. Wayne Gates:** So you don't think the Auditor General did a very good job?

**Hon. Steven Del Duca:** I think none of us who walk this earth are infallible.

**Mr. Wayne Gates:** That's interesting.

**Hon. Steven Del Duca:** Yes.

**Mr. Wayne Gates:** Minister, given that, on average, an Infrastructure Ontario project, according to the Auditor General, who is independent, is more than \$100 million cheaper per project when managed by the public sector, why does your ministry continue to advance P3 models for projects such as the Highway 427 extension, which would fall closer to your ministry?

1550

**Hon. Steven Del Duca:** I guess that this will come across like a tiny bit of an echo of what I said earlier today. I think that our ability to deliver on the infrastructure projects that are part of our mandate is extremely important to the people that we represent across the province. I know that in the case of this particular project and others, we are able to more quickly deliver on the project and do so with a significant transfer of risk out to the private sector.

From my perspective as the Minister of Transportation, taking into account that we have an enormous demand for infrastructure, as I think you would agree, in this region, in your region and beyond to the rest of the province, and in light of the fact that it's important at all times for us to keep focused on delivering value for taxpayers, this is the best model for us to follow in this regard.

**Mr. Wayne Gates:** Just a comment to projects are done quicker: The Nipigon bridge was done quicker, and how did we make out there? Just a thought.

**Hon. Steven Del Duca:** I don't believe the Nipigon River bridge was an AFP project.

**Mr. Wayne Gates:** Can the minister provide—

**Hon. Steven Del Duca:** Just to clarify that—

**Mr. Wayne Gates:** I heard that. That's good.

**Hon. Steven Del Duca:** Well, I don't want there to be any confusion. The Nipigon River bridge wasn't an AFP.

**Mr. Wayne Gates:** I appreciate that; thank you.

Can the minister provide the information that led them to select a P3 model rather than a publicly managed model?

**Hon. Steven Del Duca:** I think I've given a high-level explanation. This is a project—and I'm assuming we're still talking about 427 extension?

**Mr. Wayne Gates:** Yes.

**Hon. Steven Del Duca:** It's a project that's in the marketplace right now, with respect to a procurement that will be closing, as was mentioned earlier today, on August 29 of this year. Given that value to taxpayers is of paramount importance to me and to our ministry, I don't want to do anything to imperil or undermine that value to taxpayers. I think the high-level explanation of the analysis that I've provided already is sufficient.

**Mr. Wayne Gates:** So you don't have any other information to add to that?

**Hon. Steven Del Duca:** Again, I think that the high-level, in a way, parameters that I've already identified—one is the speed at which the project can be delivered and the value that flows to the people of Ontario because of being able to deliver the project more quickly—I know I've said that now twice—but also the overarching transfer of risk out to the private sector. Both of those are fairly fundamental guiding principles around the decision.

Again, I don't want to undermine a procurement that's in the marketplace right now.

**Mr. Wayne Gates:** Would you have any idea, if it was done in a publicly managed model, of what it would cost? Did you guys take a look at that at all?

**Hon. Steven Del Duca:** Again, there is an overarching value that would be placed on any infrastructure project from an estimates standpoint. But by the same token, there is a procurement that's ongoing right now. The two prequalified—two, three?

*Interjection.*

**Hon. Steven Del Duca:** Three, sorry. Thank you—the three pre-qualified bidders on this particular project are doing their work right now. They're doing their due diligence. I trust that they'll respond to the procurement, to the RFP, and they'll submit—I'm just making the assumption—within the deadline that has been provided in the procurement. We want to make sure that we get that best value for taxpayers.

**Mr. Wayne Gates:** Well, I can disagree with you that that's happened in the past, but you can disagree with me as well.

The pre-qualified: Who are they?

**Hon. Steven Del Duca:** I'm going to ask Gerry Chaput to come forward and speak to that.

**Mr. Wayne Gates:** I thought that you would.

**Mr. Gerry Chaput:** Gerry Chaput, provincial highways management, assistant deputy minister. The three prime team members are groups. They're consortia. The first one is called 427 Link-PAW. The contractors are Plenary, Aecon, Walsh and Hatch Mott MacDonald. That's a variety of contractors and consulting engineers.

The second—

**Mr. Wayne Gates:** That's on the first one, right?

**Mr. Gerry Chaput:** Pardon me?

**Mr. Wayne Gates:** That's the first one.

**Mr. Gerry Chaput:** That's the first one.

**Mr. Wayne Gates:** Thank you.

**Mr. Gerry Chaput:** Do you want the other two?

**Mr. Wayne Gates:** Yes.

**Hon. Steven Del Duca:** There are two more.

**Mr. Wayne Gates:** No, I knew that. They're together.

**Mr. Gerry Chaput:** The second one is Blackbird Infrastructure Group, which is composed of Cintra, CRH, Ferrovia Agroman, Dufferin, AIA Engineers and Urban Systems Ltd.

The third consortium is Link 427-AM. That consortium is made up of ACS, Miller Construction, Dragados, Bot and MMM Group.

**Mr. Wayne Gates:** Are they all in Ontario?

**Mr. Gerry Chaput:** I know that they're working in Ontario right now.

**Hon. Steven Del Duca:** I'm sorry; are you asking if they're all Ontario-based companies?

**Mr. Wayne Gates:** Yes.

**Hon. Steven Del Duca:** From the reading of that list, there are companies within each of the consortia that would be Ontario-based, if I'm not mistaken.

**Mr. Gerry Chaput:** Yes, Miller bought—

**Mr. Wayne Gates:** Of the number of companies—it looks like there are 10 or 11 just off the top of my head; I didn't get a chance to write them down quick—how many of them would be based in Ontario that are just Ontario?



**Hon. Steven Del Duca:** As Gerry mentioned a second ago, in each of the consortia, there would be companies like Miller, like Bot—the third one you mentioned, Gerry?

**Mr. Gerry Chaput:** MMM.

**Hon. Steven Del Duca:** —like MMM. So there are a variety of companies that are part of each of the consortia that are Ontario-based companies that have—

**Mr. Wayne Gates:** Maybe it would be easier for you to answer which companies aren't Ontario-based.

**Hon. Steven Del Duca:** All of this information is available, I'm assuming, on the Infrastructure Ontario website, which shows the breakdown of the consortia when we announced what the RFQ demonstrated.

**Mr. Wayne Gates:** I'll ask Gerry the question: Do you have that? Do you have that information? That's all I'm asking.

**Hon. Steven Del Duca:** Well, I'm going to answer the question and say no, but it will be fairly easy for one of your staff to ask that by doing something called a Google search.

**Mr. Wayne Gates:** Do you have that now?

**Hon. Steven Del Duca:** Not here at committee, no.

**Mr. Wayne Gates:** You don't bring that kind of information with you?

**Hon. Steven Del Duca:** How many of these companies are Ontario-based versus not Ontario-based?

**Mr. Wayne Gates:** So your staff guy wouldn't have this, is what you're saying here today.

**Hon. Steven Del Duca:** No.

**Mr. Wayne Gates:** Okay. That's fine.

You might not be able to answer this one either, since you couldn't answer that one. What is the cost of the difference between the P3 model and the publicly managed model for this project?

**Hon. Steven Del Duca:** You asked that question earlier today, and I already responded.

**Mr. Wayne Gates:** You can respond again.

**Hon. Steven Del Duca:** No, I'm not going to. I've already answered that question, Chair.

**The Acting Chair (Mr. Jagmeet Singh):** You do whatever you want.

**Hon. Steven Del Duca:** So the answer is no. We're not going to answer.

**Mr. Wayne Gates:** You can say what you want. I have no problem with that.

**The Acting Chair (Mr. Jagmeet Singh):** I would just caution. I don't think it looks really good, but people can do whatever they want. Ask the question; you can provide any answer you like.

**Hon. Steven Del Duca:** Is that an impartial comment from the Chair, that it doesn't look good for me to answer that question or not answer that question?

**The Acting Chair (Mr. Jagmeet Singh):** To say, "I don't want to answer the question," that's your discretion, what you want to do. Both of you can say whatever you like.

**Hon. Steven Del Duca:** Just to be clear on this, Chair, it was a question that was specifically asked this morning and already responded to.

**The Acting Chair (Mr. Jagmeet Singh):** That's fine. You can do what you like with the question, and you can ask the question you like.

**Hon. Steven Del Duca:** Great. Thank you.

**Mr. Wayne Gates:** What percentage of the cost of this project will be allocated to building HOT lanes, collection booths and other infrastructure?

**Hon. Steven Del Duca:** Again, this is a project that's currently in procurement. As part of that process, when I announced a number of months ago the high-occupancy toll-lane proposal that is part of this overall bid or procurement process that's out on the market right now—again, I'm not going to delve into the specifics of something that's in the marketplace right now.

**Mr. Wayne Gates:** How were the companies pre-qualified?

**Hon. Steven Del Duca:** Gerry?

**Mr. Gerry Chaput:** The contractors would have gone through a process where they outlined their skills in order to be able to receive the RFP. It would have considered aspects such as their past experience, their ability to complete projects of that scale and scope within those time frames, experience in terms of linear infrastructure etc.—those types of components.

**Mr. Wayne Gates:** Minister, can you provide the business case or reports showing the estimates for these costs for the HOT lanes? You must have a breakdown of what it's going to cost. I understand it's in the procurement, but you must have an idea—

**The Acting Chair (Mr. Jagmeet Singh):** There are 30 seconds remaining.

**Hon. Steven Del Duca:** Again, specifically on the 427 extension, what I would say is that that entire process is part and parcel of the procurement that's in the marketplace right now. To speculate here at committee or to provide information on that would potentially put at risk the value to taxpayers that I'm expected to deliver on this project.

**Mr. Wayne Gates:** Can the minister provide the ridership and the market studies showing the revenue and the ridership projections for Highway 427 HOT lanes?

**Hon. Steven Del Duca:** When you say "ridership," that's normally a term that we assign to things like public transit. I think you're talking about usage per se?

**Mr. Wayne Gates:** Usage; whatever.

**Hon. Steven Del Duca:** Can you repeat the question again—

**The Acting Chair (Mr. Jagmeet Singh):** Sorry, that completes the time. There will be another round where you can answer that question.

**Hon. Steven Del Duca:** I was thrown off by the term "ridership." I didn't catch the rest of it.

**Mr. Wayne Gates:** You're easily thrown off. I apologize.

**The Acting Chair (Mr. Jagmeet Singh):** It now moves to the government for 20 minutes. I recognize Mr. Dong.

**Mr. Han Dong:** Minister, I want to switch topics a little bit. I want to talk about the Pan Am Games. If we think about Pan Am, it happened less than a year ago, but I feel like not enough attention has been paid to it. We have to recognize that it did leave many infrastructure legacies for young athletes in the community. I congratulate the government. At the time, I think it was Minister Margaret Best who went out there and won the bid on behalf of the province to secure this opportunity.

All three levels of government need to be recognized for their preparation for the games. After all, it was the largest games in Ontario history; 1.4 million people came to Ontario. There was a lot of speculation on how we were going to cope with that: Where are they going to stay? How are they going to move around in the greater Golden Horseshoe area? I think the short three weeks was rather seamless in terms of transportation, moving people from one place to another. It also gave us a great opportunity to learn the potential of our province and our government.

**1600**

I'm wondering if you have anything to say in terms of your ministry. What did you learn throughout that experience and something that you think would be useful for our future planning?

**Hon. Steven Del Duca:** Right. Thanks very much, MPP Dong, for the question.

I think it's useful for us to remind ourselves collectively that we were able, as a government and as a province, to deliver on the largest-scale event of its kind in the province's history, and to do so successfully.

From the transportation perspective, I think that we had a lot of lessons learned. We had a lot of success with respect to the ability to coordinate with so many different partners.

I had the chance, as did the Premier, during the games to visit the Unified Transportation Coordination Centre, which was essentially the one key focal point for the entire transportation plan, at a facility that is a government facility, an MTO facility, just adjacent to Highway 400, just north of Highway 401, and to see so many different partners and so many different agencies working closely together—all of our affected municipal partners, law enforcement, municipal transit systems—to be literally housed in one area so that there could be rapid deployment of resources, as needed, so that there could be real-time information flowing.

We had two fundamental transportation goals with the Pan Am and Parapan Am Games. One was to make sure that all of those involved in the games, athletes, volunteers, officials, media and spectators etc., could get to the venues on time to participate or to witness the games themselves. That was goal number one.

Secondly, the other goal that we had in transportation was to make sure that the region kept moving, obviously, for those who live and work in this area, notwithstanding how significant the challenge was, especially as it relates to certain things that we deployed during the Pan Am and Parapan Am Games like the temporary HOV-lane

networks for the games route network, which I know were a bit of a challenge, a bit of a culture shock, for people who are used to using certain highways during the day to commute.

By and large, notwithstanding a few of the bumps along the way, the fact that we deployed, for example, the HOV lanes ahead of the games, so that law enforcement and the travelling public had a chance to grow accustomed to the fact that the games were coming and there'd be an opportunity to change commuting behaviour—I think we saw a significant spike in public transit usage. We saw a number of people who used the available software, the apps that were out there—Metrolinx had one; others had some as well—so that they could plan ahead.

At the end of it all, even though I recognize it was a bit of a challenge, by and large, the region kept moving. I'm proud to say that from the standpoint of the athletes and others affiliated with the games, everybody got to their sporting event or to their sporting venue on time.

I think it's that notion that we were able to coordinate and deploy this kind of large-scale event over a stretch of time—it wasn't just a day or two; it was over weeks when you factor in Pan Am and Parapan Am—and to do so successfully actually speaks to the appetite that exists in the greater Toronto and Hamilton area for more co-ordination. It also speaks to the fact that we're on the right track, as you look at the work that Metrolinx is currently involved in, not just with the capital build-out of more transit, but finding ways to engage in more coordinated behaviour, coordinated partnerships with all of our municipalities and affected partners in the area.

I would say to the team at MTO, a number of whom worked on this for months and months and months before, in partnership with all of those partners, all of those other moving parts that I mentioned a second ago, that they did a really fantastic job of both planning and executing.

**Mr. Han Dong:** I just want to add one more comment. I need to point out that all the preparation and the building of this infrastructure was done closely after the start of the greatest recession since the Great Depression. I think that needs to be recognized as well to put it in context. So thank you very much for that job well done.

**Hon. Steven Del Duca:** Thank you for the question.

**The Acting Chair (Mr. Jagmeet Singh):** Ms. McGarry?

**Mrs. Kathryn McGarry:** As you know, Minister, part of my mandate letter included the autonomous vehicle legislation, to prepare—autonomous vehicles, self-driving, connected, automated; whatever you want to call them. I know that this is an emerging technology that I think Waterloo region is ripe to accept. As you know, we stood on a very windy hill at the University of Waterloo, and that's where you announced the fact that people could now test-pilot these technologies on highways in Ontario starting on January 1, 2016.

I know that Waterloo region particularly has a high number of companies that are dealing with robotics, IT,



quantum computing that would help secure those vehicles against hacking and a number of other things. I'm just wondering whether you could add a few comments about what Ontario is doing to stay ahead of these new technologies and how we can take advantage of this new company coming in.

**Hon. Steven Del Duca:** Sure. First, let me start off by saying thank you to you for the work that you've done on this particular topic. As you quite rightly mentioned, it's part of the mandate letter that I have and, in turn, the one that you have as well. I know that we've seen some fantastic progress made on this important file.

From my perspective, the entire world of transportation planning and how we deal with particularly densely populated urban and suburban areas is something that is going through a bit of a transformational era. Right now, we have not only disruptive technology that exists—for example, around the driverless, autonomous, automated or automated-connected vehicle; I think what we're also witnessing is a cultural generational shift amongst the travelling public. Again, I think of my children, eight and five years of age, and those who are a bit older than them, part of the millennial generation who view traditional vehicle ownership slightly differently than I did and do, than my cohort does.

In terms of wanting to be in a position to access and utilize a more useful asset, I've said publicly before and I think I said here at committee just a few days ago that, on average, the traditional personal car sits idle for 90%, 92%, 93% of the day. That doesn't make it a particularly useful or well-used asset. I think that when you take into account the technology that exists, it's not just within the auto sector itself; it's also within the entire technology sector that we have.

You're 100% right in talking about how well placed not just Ontario is, but specifically how well placed Waterloo region is. When we had the first coming-together of both auto and technology companies interested in automated vehicles, when we had that event take place, I think I was—not “I think”; I know I was actually blown away by exactly how much energy there was in the room from all of those participants who recognize that this is the next big thing that's kind of upon us.

Obviously, there are different opinions as to how quickly this technology will be not just embraced but sort of broadly distributed on our roads and highways, but I thought it was important and I believe it's still important for Ontario, as a jurisdiction that has a very proud track record of delivering for the auto industry and employing hundreds of thousands of people directly and indirectly in this sector historically, to show leadership and to make sure that we had a framework, a pilot opportunity out there for this technology to be developed and tested here in the province.

Again, I use the term “developed” on purpose because it's not simply about testing the technology here; it's about the opportunity to demonstrate that in a climate like ours with conditions like we have in Ontario, we can attract the economic development, the investment and,

therefore, the jobs that will help supply what I think is the next shift within the world of vehicles, generally speaking.

I think it was a smart strategic move on the part of our government to be there first amongst Canadian provinces. Obviously there are some states south of the border and other parts of the world where this technology is already being tested, so in that regard playing a little bit of catch-up, but I wanted it to be successfully demonstrated that we are first in Canada. I think, going forward, we have to keep an open mind.

There will be other challenges with respect to some of the safety aspects that I know are a concern to some of public. I get that. Certainly, a range of other potential regulatory challenges will exist with this technology as it emerges, but I think it's undeniable that that's the direction that the transportation world is moving in. I think that when you combine that technology with the desire, that cultural shift towards more sharing and making assets more useful, hand in hand with the unprecedented traditional public transit infrastructure investments that we're making, I think those two phenomena combined will go a long way to helping us successfully combat the gridlock challenge that we face in densely populated areas like the GTHA.

1610

**Mrs. Kathryn McGarry:** Thank you.

**The Acting Chair (Mr. Jagmeet Singh):** I recognize Ms. Vernile.

**Ms. Daiene Vernile:** Minister, I'd like to ask you about light rail transit projects across Ontario. In particular, I have great interest in the ION that's coming to Waterloo region. As the MPP for Kitchener Centre, I can tell you that this is of great interest to the people of my riding and in our region.

I can report to you that the main street in Kitchener—Waterloo, King Street, is torn up now from end to end—and it's a good sign—because construction work is under way. I look forward to the day that you and I and my colleague from Cambridge, MPP McGarry, will ride on that maiden voyage on the LRT.

But I do think it's important for us to provide some clarification and some clarity to some misinformation that has been put forward. The province committed to two thirds the cost of the LRT. I can tell you this, as a journalist having covered this story from the beginning—I used to anchor and produce a weekly news and current affairs program in Kitchener called ProvinceWide. I remember sitting down in 2002 with the then CFO Gerry Thompson with the region of Waterloo—it was just an idea at the time—and he wanted an LRT. I asked him, “What's the cost going to be?” He said, “\$500 million.” The province was quick to the table at that time with two thirds of that, which was \$300 million, thanks to my predecessor John Milloy, who worked very hard for that.

When the costs began to scale, the feds eventually came to the table, as they should as an equal partner. But there has been some misinformation advanced by opposition members saying that somehow the province

has not met up to its responsibility of paying for two thirds, whereas we have, of the initial cost. I think that you're to be commended for showing leadership on that and for being there early to the table with that amount of money.

Now I want you, if you can, Minister, to give us an understanding on the scope of this project, what it's going to mean for Waterloo region and why LRT projects are important to you, the ministry and other Ontario communities, because this is a very important priority for your government.

**Hon. Steven Del Duca:** Absolutely. Thank you very much for the question. I think right off the top I would say that Waterloo region, as per what you said in your question—obviously a conversation or a media interview happening all the way back in 2002—has shown tremendous leadership on the public transit file, generally speaking, through a number of local politicians and MPPs. You mentioned John Milloy, and obviously yourself and Ms. McGarry, who have shown tremendous leadership through the years with respect to working closely with the regional and local governments around making sure that we are making the right decisions. But it does take a significant degree of local leadership, and I would congratulate Waterloo region on showing that leadership.

They're not always easy conversations to have, especially when you're talking about LRT in terms of it being a transit technology. It's not something that's particularly well understood here in a province like Ontario. Between projects like the Waterloo ION and Ottawa's LRT and of course what we're building here in the greater Toronto and Hamilton area, these will be, over the next two years, the very first opportunities that Ontarians have on a significant scale to use this kind of transit, which they haven't in the past. I think that there has been—in some areas, not necessarily Waterloo, though it may be in Waterloo as well—a degree, historically, of skepticism about this particular kind of technology, because again, people are not used to it. It's not a bus, it's not a streetcar, it's not a subway and it's not a GO train. It's something that provides significant benefit and can be deployed in a, relatively speaking, cost-effective way.

Again, I think Waterloo region, being such an early adopter of this concept, deserves praise for coming forward in that way and for sticking with it through thick and thin. I know there is tremendous excitement now, from my perspective, to be able to say to people, "We're not that far away now." It's only a matter of a couple of years, or a few years, before we can say to people in Waterloo and in Ottawa—here in Toronto, for example, the Crosstown, which I believe today, the tunnelling essentially from Black Creek Drive to Yonge Street, if I'm not mistaken; today or this week—has concluded. In that case, we're talking about an LRT project that is the single largest public transit project in Ontario history. But even here in Toronto there are a lot of people who, when I talk to them, say, "LRT? That's kind of cool. It sounds cool, but we've never tried it before."

I think whatever remaining challenge we have around convincing people that this was exactly the right thing to do, to be able to build and supply so much more transit service in a significantly more cost-effective way—whatever residual doubt there might be left in some communities will be eliminated completely as soon as this service comes into effect, and people have a chance to see exactly how it can transform local and regional communities.

But I want to stress again that thanks to you, MPP McGarry, your municipal leadership, your predecessor and an Ontario Liberal government that for the last 13 years, through two administrations, has recognized the value of investing in crucial public transit, we're getting it right. But our work is not done yet.

**Ms. Daiene Vernile:** We look forward to that initial ride with you, Minister.

**The Acting Chair (Mr. Jagmeet Singh):** Ms. McGarry.

**Mrs. Kathryn McGarry:** In the last two and a half minutes, I wanted to ask you briefly about another emerging technology, and that's advancing more charging stations for electric vehicles. What's that going to do for Ontario in terms of reducing greenhouse gas emissions? I'm just wondering if you wanted to provide any comments for wrap-up for our side.

**Hon. Steven Del Duca:** Sure. Really quickly on that, just a couple of days ago I was in Mississauga to announce that we are now in a position to award the \$20 million that we talked about late last year for a network of new electric vehicle charging stations. There will be somewhere in the neighbourhood of 500 built and supplied or provided by 2017. They really will help us—

**The Acting Chair (Mr. Jagmeet Singh):** Two minutes remaining

**Hon. Steven Del Duca:** —provide a network of fast-charging stations right around Ontario, so that those individuals who may be inclined to purchase an electric vehicle—and obviously, by way of modernizing our Electric Vehicle Incentive Program, we're helping to encourage them on that side of the ledger as well—will now realize that not only can they access support for home-based charging infrastructure, but to help alleviate any range anxiety they may have, if they want to purchase a vehicle that's electric, they will now see, for example, potentially in their communities at a McDonald's, a Tim Hortons, an IKEA or some other retail or public space, that they will have access to a fast-charging station; meaning, depending on their vehicle, depending on the technology, in a much shorter time period, they'll be able to substantially charge or almost fully charge their vehicle to be able to get home or to wherever they're going in their particular commute.

So it's great news to be able to have these 500 new additional charging stations deployed, but again, I think this is part of the cultural shift towards some of the new technologies that are emerging. In my own community, people tell me they want to partner with us to fight climate change, and this is one fairly readily available



opportunity they have to help wage that war successfully with us.

**Mrs. Kathryn McGarry:** Do you think that electric vehicles and automated vehicles at some point in the future can be combined to take some more cars off the road?

**Hon. Steven Del Duca:** I did say earlier that the automated vehicle technology and how it gets deployed over the next number of years—that, combined with a different perspective of how our next generation of drivers or people who want to move themselves around view the car as an asset, will help significantly.

**Mrs. Kathryn McGarry:** Thank you very much.

**Hon. Steven Del Duca:** No problem.

**The Acting Chair (Mr. Jagmeet Singh):** Just two seconds left, so that's fine.

We have 24 minutes remaining, so the remaining time will be split up with eight minutes per caucus.

We move now to the official opposition. Mr. Harris.

**Mr. Michael Harris:** Minister, why was the second stage of the environmental assessment suspended for the GTA west corridor after a decade of taxpayers' investment on that?

**Hon. Steven Del Duca:** Actually, I think you hit the nail on the head with respect to the answer in your question. Your question talked about the fact that this is a process that began a decade ago. It began a decade ago formally, but it began conceptually even before that point in time. In answering some of the questions from the government caucus here today, I talked a little bit about how the entire world of transportation planning is literally transforming under our feet, with new technologies, new challenges, particularly in densely populated urban and suburban areas.

I recognize that a number of our partners, particularly our municipal partners, have worked closely with the province on this over the last number of years. It's why I've had the chance to speak to some of them about this. But I felt, we felt, it was important to press "pause" on the environmental assessment which we announced in December.

1620

**Mr. Michael Harris:** Why?

**Hon. Steven Del Duca:** Because the world of transportation is changing. I felt that a project that began so many years ago, before anyone had heard of automated vehicles; before we had taken up the fight, as we have, with respect to climate change; before we were able to launch a multimodal transportation plan for the greater Golden Horseshoe; before we were able to see how, for example, our growth plan was operating here in this region—and I know Minister McMeekin, myself, Minister Mauro and Minister Sousa announced some stuff earlier today in Mississauga regarding the greenbelt and growth plan. It was important for us to take stock of where we stood on this particular project, to determine how best to proceed.

**Mr. Michael Harris:** So you talk about municipal partners. Vaughan—you'll know that area well—Cal-

edon, King, York and Peel have all passed resolutions—and I'm sure you're in receipt of those—asking for your ministry to resume the environmental assessment. When can they expect this EA to resume?

**Hon. Steven Del Duca:** They can expect that an update will be provided. What that update will say is not something, at this point, that I can comment on, because the internal review of the project is not complete.

I've had the chance to speak with, I believe, representatives from each of the municipalities you referenced a second ago. I've conveyed to them that I understand that they have a feeling of urgency around this particular project. I've committed to them that the entire review, and the result that flows from the review, will not languish and that we will provide an update as soon as the review is concluded. They seem to accept that.

**Mr. Michael Harris:** Do you feel that the GTA west corridor is a needed infrastructure project that should continue on?

**Hon. Steven Del Duca:** I think, again, after 10-plus years—with a starting point prior to the initial growth plan that came out in 2005-06 but that was given life through that growth plan, and given that we are just in the process now of looking at updating the growth plan—again, that was the announcement that I participated in earlier today in Mississauga—I felt it was important for us to pause and take a look at this. When you consider the size and the scope of this kind of infrastructure, when theoretically it might come into service if you were to build it, and taking a look at where the world of transportation and transportation planning will be within that horizon and then beyond—because the last thing in the world I think anybody would want to do would be to inadvertently build what would eventually become potentially a stranded asset. We needed to take a look at this. It's not a small thing. This is not like a Highway 427 seven-kilometre extension, roughly. This is a 50-plus kilometre 400-series controlled-access highway—

**Mr. Michael Harris:** So this spring—

**Hon. Steven Del Duca:** —if I can just finish—so it was important for us, after this many years, to take a quick look at it, to review it internally, and to provide an update as soon as we can.

**Mr. Michael Harris:** So will that update give some assurance to folks, including your municipal partners as well as those that are looking at developing lands in or around that area, whose lands are in fact frozen because of this potential EA—will this spring's announcement give some clarity to those folks, do you feel?

**Hon. Steven Del Duca:** It's my hope that the update, when it comes, will provide clarity. But I also don't want to do anything to get too far ahead of the internal review that's under way currently. My expectation is that we'll be able to provide clarity.

**Mr. Michael Harris:** When do you expect this announcement to happen? Spring is here—

**Hon. Steven Del Duca:** I can assure everybody I'd like the review to be completed and be able to provide an update as soon as possible. But we want to make sure that we get it right.

**Mr. Michael Harris:** Right. It said “spring 2016,” right? Do you still expect it to happen in spring 2016?

**Hon. Steven Del Duca:** I know the review is under way. Again, as soon as we receive the review back and I’ve had a chance to look at it, we’ll make a decision and provide the update. That’s the message that I’ve conveyed to the municipalities as well. I get it; nobody wants this to go on endlessly.

**Mr. Michael Harris:** Hopefully, you won’t tell them you’ll take it back. They may not like that. We expect it here, but I don’t know about them.

Have you done any sort of economic costing, in terms of what the economic cost to the province would be if the EA doesn’t follow through? I guess that’s what the committee is tasked with studying as well. Are there any economic studies that they’ll be doing in terms of the corridor not proceeding?

**Hon. Steven Del Duca:** Again, the scope of the review, I guess I would call it, is fairly open-ended, and so I would anticipate that the review would cover off a number of topics, including areas or topics like the one you just referenced.

**Mr. Michael Harris:** How much time left?

**The Acting Chair (Mr. Jagmeet Singh):** Two minutes, 30 seconds.

**Mr. Michael Harris:** Have you had a chance to speak to some of your municipal partners who have put forward resolutions, including your own municipality?

**Hon. Steven Del Duca:** The list that you gave earlier—I believe I’ve either met with or spoken to municipal representatives from each of those municipalities, yes.

**Mr. Michael Harris:** What about some of the private sector organizations? Have you had a chance to meet with them? I’m sure they’ve corresponded with your office about this particular project.

**The Acting Chair (Mr. Jagmeet Singh):** Two minutes remaining.

**Hon. Steven Del Duca:** I think in terms of formal correspondence, it has been a relatively limited number, but certainly people have approached me over the last four or five months. The message I’ve heard over and over again—which I respect—is: “Just don’t let it languish forever, because we’re all looking for some degree of certainty, having participated in the process now for a few years.” I respect that. That is the undertaking that I’m giving. That’s the commitment that I’m making. It will not languish. It will be reviewed and we’ll provide an update as soon as we can.

**Mr. Michael Harris:** Finally—because I’ve got two minutes left—what would you say the top three priorities for you are this year? What would they be? I know it sounds like a bit of a government question.

**Hon. Steven Del Duca:** This feels like a job interview.

**Mr. Michael Harris:** I know I probably stole one of their questions already, but—

**Hon. Steven Del Duca:** If I were an animal, what kind of animal would I be?

**Mr. Michael Harris:** Tell us what your top three priorities are in your portfolio right now.

**Hon. Steven Del Duca:** Del Duca, why are you so great?

Anyway, the number one priority, always, is maintaining road and highway safety. Number two would be continuing to advance and build out the infrastructure, both the public transit and the traditional transportation infrastructure that we need so that our quality of life continues to be strong and also so that our economy can continue to grow. I think the last priority for me is to continue to be as open-minded as possible so as to help enable some of the outcomes that I referenced a second ago when discussing some of the emerging technologies. Those are probably, just off the top of my head, really quickly, three significant priorities for me for this year.

**Mr. Michael Harris:** Finally, you and I spoke about ride-sharing and some of the disruptive technologies. We saw how your government really allowed Toronto to go it alone. You see in Ottawa what’s happening there. We met about a year ago. What have you done since we met and what will you plan on bringing forward, if anything, to actually provide rules for ride-sharing that would be consistent right across the province?

**Hon. Steven Del Duca:** I don’t know how much time we have, but I would say, really quickly on this, that to me, there’s a difference between vehicle-sharing and ride-sharing. When I talk about what’s happening in the transportation realm, generally speaking—

**The Acting Chair (Mr. Jagmeet Singh):** Sorry, Minister. That’s our time. And there’s no more time, so I apologize to all the folks who were in the middle of an answer.

**Hon. Steven Del Duca:** It’s a great topic. Maybe next time I get called to estimates we can talk about it more.

**The Acting Chair (Mr. Jagmeet Singh):** Now we move to Mr. Gates.

**Mr. Wayne Gates:** I’ll agree with you; it’s an interesting topic, for sure. We probably should spend a lot more time talking about it.

My colleagues from the Liberal government mentioned the auto sector.

**Hon. Steven Del Duca:** The auto sector?

**Mr. Wayne Gates:** The auto sector. It’s more of a statement than anything, but I think it needs to be said that the auto sector is going to need your government’s support this year. Obviously, they’re entering a year of bargaining. The Oshawa plant is in jeopardy. We all know that. They need a product there. There are 12,000 jobs in Oshawa, direct and indirect.

The problem that we’re seeing—and certainly Unifor, the union that your government is quite aware of, is not supporting the trans-Pacific trade agreement, which could cost the auto sector 20,000 jobs. They ran an information—even with an announcement in Windsor earlier this week, I think, or Friday—saying the importance of not supporting that. They’re here in Toronto on Friday.

I just want to get a message out that the auto industry is important to the overall health of this economy. We



can talk about electric things; we can talk about anything we want, but if we don't have any jobs in the auto sector, I think that's going to hurt our province.

You can answer something to that or you can just let me talk—it's fine, if you want—

**Hon. Steven Del Duca:** Really quickly, I would say that I think our government has a very strong track record of not only defending but being there to tangibly support Ontario's auto sector. Last I'd heard, somewhere in the neighbourhood of one of every seven jobs in our province is either directly or indirectly related to the auto sector. So you're 100% right in terms of making sure that we have a strong voice at the table to be supportive. I know Minister Duguid, who has the responsibility directly for the auto sector, is someone who is a champion for that sector.

I would say really quickly, though, that I think the sector itself recognizes—and we see this with examples between Ford and General Motors and now even Fiat Chrysler looking at some of the emerging technologies that have the potential to change, in a positive way, their traditional business model. I think that's something we're all going to have to grapple with. But fundamentally, you are 100% right. I think across the board, we need to be as supportive as we can of this industry, which has historically been and is still today so crucial to our economy.

**Mr. Wayne Gates:** I will say that I agree with the technology that's going on. I don't think that's the issue. The issue is the trans-Pacific trade agreement. I can't wait until we have a driverless car in the province of Ontario. I don't have anybody to drive me around; I've got to drive myself. So I think that's a good thing.

Just a question, and I don't know who can answer it. The Nipigon bridge: The lead company was from Spain. Am I correct on that?

**Hon. Steven Del Duca:** I believe—Gerry can correct me if I'm wrong—the partnership was Bot Ferrovial; I believe that's the name of it. Bot is based in Oakville, Ontario. Ferrovial is, obviously, from Spain, I want to say; right?

1630

**Mr. Gerry Chaput:** Bot-Ferrovial joint venture.

**Mr. Wayne Gates:** So one of the companies was from Spain.

**Hon. Steven Del Duca:** And the other one was from Oakville.

**Mr. Wayne Gates:** I just wanted to clarify that, because I did get the P3 incorrect by not taking a look. So I just wanted to establish that.

I'm going to talk about the bridge for my next five or six minutes or whatever I have. Can the minister provide the certificates of assurance that were signed off by the MTO officials at the completion of the Nipigon bridge?

**Hon. Steven Del Duca:** Gerry can tell me if I'm wrong about this one, but the bridge, as a project, is not a completed project. We had talked last week about this. There is a part of the span that is complete. There are—is it two more towers? One more tower?

**Mr. Gerry Chaput:** Just one more.

**Hon. Steven Del Duca:** There's one more tower on the other half of the bridge still to be completed as the overall project. I think that that would be the answer.

**Mr. Wayne Gates:** When it is completed, you will provide them?

**Hon. Steven Del Duca:** It's a couple of years away, is it not?

**Mr. Gerry Chaput:** Yes, it's several years away.

**Hon. Steven Del Duca:** It's two-plus years away.

**Mr. Wayne Gates:** Well, whatever it is, but you will provide them?

**Mr. Gerry Chaput:** There really is no official certificate of assurance. There is a commissioning process that we do. Following the commissioning and making sure that it is prepared for opening and that everything is safe and completed, then we allow the traffic to travel on it.

**Mr. Wayne Gates:** We'll have a discussion on whether or not it was safe, but that's a whole other issue for another day.

What reports were completed by the minister in the wake of the collapse?

**Hon. Steven Del Duca:** Reports in the wake of the collapse?

**Mr. Wayne Gates:** Yes.

**Hon. Steven Del Duca:** I think that we had talked a little bit a few days ago, here at committee, about the fact that there is an ongoing investigation that will help us get to the root cause of why the bridge malfunctioned when it did. That is a process that's still ongoing. I'm hoping to receive information back on that in the near future.

**Mr. Wayne Gates:** Okay. Can the minister please tell us how much the temporary fix for the failure is going to cost?

**Hon. Steven Del Duca:** I'm going to ask Gerry. I'm not sure if we're able to comment.

**Mr. Gerry Chaput:** Yes. The temporary fix: There were numerous aspects involved with it. We didn't calculate exactly. I don't have the number exactly of how much money was spent in that total amount. There was traffic control; there were pace vehicles; there was compensation to ensure that we had the right materials; the design etc. So there were a lot of operations that were ongoing at the same time. I don't have the total value of that.

**Mr. Wayne Gates:** The cost: There were a number of different items that were involved, going through the process, I guess.

**Mr. Gerry Chaput:** Yes.

**Mr. Wayne Gates:** Who's paying for that?

**Hon. Steven Del Duca:** Go ahead, Gerry.

**Mr. Gerry Chaput:** Right now, we're looking at all sorts of different factors. We haven't even determined the primary cause of the failure, the reason why it lifted. What we're looking at, of course, are several different aspects. We're waiting for the testing reports to come back. As the minister had noted, we have not yet received those. So it's very premature to comment on the responsibility of costs and what those costs would be at the time.

**Mr. Wayne Gates:** But we can establish that it wasn't the taxpayers' fault that the bridge lifted. We can certainly say that.

**Hon. Steven Del Duca:** To amplify what Gerry said a second ago, I think it's important to remember that, in the immediate aftermath of what occurred, what was most important was to make sure that the one lane that was going to remain open after we had levelled off the bridge—I guess that's the best way for a layperson to describe it—was operating safely and that we had one lane open safely, which we managed to do fairly quickly, thanks to—I would say—the heroic efforts of the MTO and others involved.

**The Acting Chair (Mr. Jagmeet Singh):** One minute, 30 seconds.

**Hon. Steven Del Duca:** The second part that was most important for us was to try and get that second lane of traffic open on the bridge—obviously, a fairly significant economic link for not just Ontario, but for Canada—and to do that safely to help Nipigon itself, but also our neighbouring municipalities and our neighbouring First Nations, and we were able to do that.

Those were the two priorities at the front end. Gerry is right in terms of saying that because we don't know the exact cause, we're not in a position to prematurely state how costs might be apportioned in the future.

**Mr. Wayne Gates:** With no disrespect, sir, I would hope that the contract that we signed would make sure that if there were deficiencies—and this was an incredible deficiency—we get those costs put onto the companies that did the work. Hopefully, you have something to give us some safeguards for the taxpayers of the province of Ontario.

We haven't seen that in the road maintenance as strongly as we would certainly like. As you know, you've been battling courts and you may end up in arbitration. But, hopefully, with the deficiency language that you've put in place here with these companies, the taxpayers aren't going to pay.

What do I have left?

**The Acting Chair (Mr. Jagmeet Singh):** You have 20 seconds.

**Mr. Wayne Gates:** Okay. I'm good. You can't answer any of these in 20 seconds. Not you, anyway.

**Hon. Steven Del Duca:** Thank you, Mr. Gates.

**Mr. Wayne Gates:** That was a compliment.

**Hon. Steven Del Duca:** I'm taking that as a compliment. I appreciate that. Thank you very much.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Mr. Gates. Thank you, Minister.

Now we go to the committee for the remaining eight minutes. Mr. Thibeault.

**Mr. Glenn Thibeault:** Thank you, Minister, for being here. I'm looking forward to having this dialogue with you.

I know the last time you and I had the opportunity to speak when I was asking questions in this committee, we talked a little bit about, of course, Highway 69 and the four-laning of Highway 69, which is key for those of us

in the northeast. But, besides Highway 69, MTO is doing work throughout the northeast. I can think of Virginia-town, where we're extending and expanding highways up there. We're looking at doing more bridges and more highways throughout the north. It's key for us who live in northeastern Ontario, and even northern Ontario in general, to have an integrated highway system that links us together as communities and to be part of southern Ontario.

One of the things that I hear often in Sudbury is that it's fantastic that we're seeing Highway 69 expanded into four lanes, and it's making our roads safer—all of those things that come along with that. But what we hear more, as well, from the chamber of commerce and people in general talking, is this is going to change our economy. It's going to change the way southern Ontario people perceive the north because we're going to be part of the 400 series of highways.

I know that you've come up to my riding a couple of times and made some announcements, so kudos to you for braving the cold, so to speak, and having that conversation with the media and with the constituents in Sudbury. What is the plan? What is the continuation of Highway 69, in terms of MTO? How are we looking at making sure that we're meeting our timelines on that? Then I'm going to jump to the next question.

**Hon. Steven Del Duca:** Sure. That's a great point that you raised, not just about Highway 69, but about all the work that is undertaken through MTO with respect to the northern highways program, which, as you would know, over the last number of years—certainly over the last 10, 12 or 13 years—has really been a very significant and robust program. In fact, even hearing from colleagues of ours like Ministers Mauro and Gravelle, people who have been serving in that this Legislature for quite a bit longer than both myself and yourself, they'll talk about how they've literally witnessed in some years that northern highways program being double and triple what it was prior to 2003. I think that speaks to two things. One is very clear recognition from the Liberal government that the close to 17,000 kilometres of highway we have across Ontario, particularly in the north, really are the lifeblood for our economy. They're also so crucial in terms of making sure that people have safe access to their homes and to their communities.

At every step along the way over the last 13 years—and particularly now with our infrastructure plan kind of on steroids with Moving Ontario Forward, that northern highways program will continue to be strong and robust. Even with that strength, there is no shortage of challenges in the northeast and the northwest: the four-laning of Highway 11/17, or portions thereof, and the fact that historically, we haven't always had a federal partner at the table who has been willing to partner in the same way that the federal government historically has partnered on things like the Trans-Canada in other parts of the country. We've had some challenges along the way but I think here at Queen's Park, from our government, historically there has been tremendous progress made.



You mentioned cold weather. I had the chance to be out there with you a number of months ago. I wasn't wearing a hat, from what I recall, which is not always the wisest thing to do during some of our colder months, especially when you have no natural insulation on your head. But it was a good announcement where we gave an update to the community about a timeline that had shifted a little bit. Obviously, we take our responsibilities with respect to the duty that we have to consult with our First Nations very seriously. We want to make sure we're on a solid footing with respect to achieving those goals and getting the approvals necessary to keep moving forward.

In your time here as an MPP for the community, thanks to your advocacy and thanks to MTO's great work, we've seen progress continue to be made and demonstrated, which I think also helps to deal with whatever concerns the community might have—the community at large; not just Sudbury itself but the greater area around Sudbury—about whether or not we really are going to get this done, because they can see progress, they can drive on more open stretches of highway that are four-laned and they realize that we are committed to getting it done. I have no doubt that between your local advocacy, your regional advocacy and the team at MTO, it will get done.

**Mr. Glenn Thibeault:** Excellent. I know you mentioned, with the Nipigon bridge, the heroic work of MTO officials. I think it's important to highlight an MTO official out of Sudbury. His name is John Cimino. He has done phenomenal work in keeping the community informed and does great work in keeping my office informed. So I just wanted to pass that along to you, Minister, that you do have heroic staff, and my hat goes off to all of them.

1640

**Hon. Steven Del Duca:** You shouldn't say that when they're in the room, though, because—

*Laughter.*

**Mr. Glenn Thibeault:** Very quickly, I talked about northeastern Ontario in general, and specifically, I'd like to now address transit.

We talk about trying to get more and more people onto transit. Sudbury is a unique situation where we can fit almost all of southern Ontario's cities within our boundaries. So, we have one bus that needs to travel 45 minutes to get up to another part of our community. We're slowly addressing that, but there are other rural communities that have issues—let's be clear—with transit.

Maybe you can tell members of this committee: What's the ministry's plan on addressing transit access issues in rural communities?

**Hon. Steven Del Duca:** Yes. I don't think you were here a little bit earlier today; we did talk about the community transportation pilot program—I know it was something that we announced and provided ongoing funding to support—and how that has helped communities in all parts of Ontario, including in the north: relatively small dollar amounts, but really a significant impact that has been achieved as a result of some of those grants or some of those investments. I would anticipate,

given the uptake and the success that the program has demonstrated thus far, that we'll continue to be, hopefully, in a position to provide that kind of support.

Obviously, if it's a community that has an existing public transit service, there is support that flows through our gas tax program. If it's a community that's looking to head in that direction, I know that the door would always be open, our ears would be open. We want to encourage that.

But I also do recognize that it can be a bit of a challenge. When there is not necessarily a history in a community for a traditional public transit opportunity, it can represent a little bit of a challenge. That's when I think we have to be open as a ministry to creativity and innovation. In different parts of the province, including in the north, I think we are confronted regularly with some pretty innovative ideas around how we can partner to improve the outcomes for the people who we're representing—

**The Acting Chair (Mr. Jagmeet Singh):** One minute remaining.

**Hon. Steven Del Duca:**—so we continue to be sort of “open ears, open doors,” and we look forward to partnering.

**Mr. Glenn Thibeault:** Thanks.

**The Acting Chair (Mr. Jagmeet Singh):** Ms. McGarry or Ms. Vernile?

**Mrs. Kathryn McGarry:** In the last minute, do you just want to update the committee on the rollout of Bill 31 and how it's going so far?

**Hon. Steven Del Duca:** I think that, by and large, it's going really well so far.

One of the emerging challenges that we have are, some of you would've seen in the media just in the last couple of days, concerns expressed by law enforcement around drug-impaired driving. With plans that had been announced at the federal level with respect to the legalization of marijuana, which is within their purview to proceed on that issue, I think that one of my challenges—and I've said this publicly—is that we have to stress at all times that operating a vehicle impaired, whether you're alcohol-impaired or drug-impaired is, obviously, unacceptable, or if you're distracted by a hand-held. Obviously, you're not just breaking the law; you're putting yourself, your passengers and other road users at risk.

We talked a lot through this committee appearance, about the importance of road safety. It's something that I'll keep talking about publicly as it relates to road safety—

**The Acting Chair (Mr. Jagmeet Singh):** Thank you, Minister.

**Hon. Steven Del Duca:** Thank you, Chair.

**The Acting Chair (Mr. Jagmeet Singh):** My apologies. Our time is up.

**Hon. Steven Del Duca:** No, it's okay.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you so much, Minister, for being here. Thank you to the staff

of the ministry for being here as well. Thank you for your your deputation and your remarks.

We are now in a position to deal with the vote on the estimates. Just to be clear, because we've reached the time limit, there is no debate, but members can ask for a recorded vote, if they like. We'll go through the votes on various elements of the—

**Interjection:** The votes.

**The Acting Chair (Mr. Jagmeet Singh):** Exactly—the each of the votes.

I'll read a preamble to begin, and then—Minister, at this point, if you do need to leave, you're welcome to. I don't want you to feel stuck there.

**Hon. Steven Del Duca:** I can wait.

**The Acting Chair (Mr. Jagmeet Singh):** This concludes the committee's consideration of the estimates of the Ministry of Transportation. Standing order 66(b) requires that the Chair put, without further amendment or debate, every question necessary to dispose of the estimates. Are the members ready to vote? Excellent.

Beginning with the first one: Shall vote 2701, ministry administration program, carry? Carried.

Shall vote 2702, policy and planning, carry? Carried.

Shall vote 2703, road user safety program, carry? Carried.

Shall vote 2704, provincial highways management program, carry? Carried.

Shall vote 2705, labour and transportation cluster, carry? Carried.

Shall the 2016-17 estimates of the Ministry of Transportation carry? Carried.

Shall I report the 2016-17 estimates of the Ministry of Transportation to the House? Yes, that is carried, or that is done, whatever the term is. It's carried.

Thank you. At this point, we'll now ask for a five-minute recess so that we can allow the Ministry of Health and Long-Term Care to come.

Thank you again, Minister.

**Hon. Steven Del Duca:** Thank you, Chair.

**The Acting Chair (Mr. Jagmeet Singh):** We recess for five minutes.

*The committee recessed from 1645 to 1656.*

## MINISTRY OF HEALTH AND LONG-TERM CARE

**The Acting Chair (Mr. Jagmeet Singh):** Good afternoon. I call to order the Standing Committee on Estimates. We welcome the ministers, both the associate minister and the minister. Thank you for being here.

I have a little preamble that I need to read before we begin. I'm sure you're familiar with this process.

The committee is about to begin consideration of the estimates of the Ministry of Health and Long-Term Care for a total of 15 hours. As we have some new members—and perhaps a new Chair—a new ministry and a new minister before the committee, I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for members of the Legislature to

determine if the government is spending money appropriately, wisely and effectively in the delivery of services intended.

I would also like to remind everyone that the estimates process has also worked well with a give-and-take approach. On the one hand, members of the committee take care to keep their questions relevant to the estimates of the ministry. The ministry, for its part, demonstrates openness in providing information requested by the committee.

As Chair, I tend to allow members to ask a wide range of questions pertaining to estimates before the committee to ensure that they are confident the ministry will spend those dollars appropriately. In the past, members have asked questions about the delivery of similar programs in previous fiscal years, about the policy framework that supports a ministry approach to a problem or to service delivery, or about the competence of a ministry to spend the money wisely and efficiently. However, it must be noted that the onus is on the member asking the question to make questions relevant to the estimates under consideration.

The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust that the deputy minister has made arrangements to have the hearings closely monitored with respect to questions raised so that the ministry can respond accordingly. If you wish, you may at the end of your appearance verify the questions and issues being tracked by the research officer.

Are there any questions before we begin? Seeing none, I am now required to call vote 1401 of the estimates, which sets the review process in motion. We will begin with a statement of not more than 30 minutes by the minister, followed by statements of up to 30 minutes by the official opposition and 30 minutes by the third party, and then the minister will have 30 minutes for a reply. The remaining time will be apportioned equally among the three parties.

Minister, the floor is now yours.

**Hon. Eric Hoskins:** Chair and members of the committee, thank you for the opportunity to speak here today. It's been about six months since I last appeared here before you, together with the associate minister, but we're pleased to be back today as we have a great deal to report regarding our progress since we last met.

I am honoured to serve as Ontario's Minister of Health, not simply because the Premier asked me to serve in cabinet, but also because I have a genuine passion for improving health care for all Ontarians. Quite frankly, it's why I became a doctor, and it's why I spent so many years, good years, working in countries that can really only dream of having the quality of health care that we enjoy here in Ontario. I want to ensure that Ontarians continue to enjoy the best possible health care for generations to come.

Also, there probably couldn't be a more exciting time than now to be working in health care. Health care is truly one of the most important issues that our govern-



ment and our province are faced with. The baby boomers are now reaching an age where they need more health care, and it's creating greater pressure on our health care system. At the same time, the economic reality is that we have finite resources. The demand on health care services is growing. We can't simply spend our way out of these challenges, nor should we. Ontarians expect, rightly, that we spend their tax dollars wisely.

But the good news is that we have a health care system that is up to the challenge. By working together with our partners in health care, we can find new ways of doing things that will enable our health care system to serve Ontarians more efficiently and more effectively, while preserving quality.

We also have a plan. In 2012, our government made a commitment to the people of Ontario through our Action Plan for Health Care. That plan was to provide better access, better quality and better value.

Over the course of the first three years of our plan, we made many significant achievements. We introduced community health links to coordinate care for seniors and patients with multiple, complex health issues. We launched the Healthy Kids Strategy to help children to grow up healthy, to grow up happy and to be ready to succeed in life. We completed the first phase of our comprehensive mental health and addictions strategy, which was aimed at children and youth, and we began work on phase 2 of that strategy.

Through these and many other accomplishments, we laid a strong foundation for what was to come next.

In February 2015, I introduced Patients First: Ontario's Action Plan for Health Care, the next phase in our government's commitment to transform our health care system into one that puts the needs of the patients at its centre. It's a plan that recognizes that we still have more work to do to improve the patient experience, to make our system more transparent and accountable, and to ensure that our universal health care system will be there when we need it, for generations to come.

It's a plan that is focused on four key objectives, the first being faster access to the right care. We are working to expand access to more health services and more health care providers.

The second point is connecting services. We're working to deliver better coordinated and integrated care in the community, closer to home. This pillar is key to transforming and sustaining our health care system.

Third is informing. We're committed to supporting patients by providing the resources, information and transparency they need, to make the right decisions about their health.

Fourth and finally, protecting our publicly funded health care system: Publicly funded health care is a key part of our Canadian identity, and we are committed to making smart decisions to ensure our health care system remains sustainable for generations to come.

Since I was here last, in the fall, we have made significantly more progress on the Patients First action plan with respect to all four of those key objectives. In March

of this year, we released our first report back to the people of Ontario on the progress that we have made to date through our Patients First action plan, and I am pleased to have the opportunity to update everyone here today.

Our first commitment to the people of Ontario through the Patients First action plan is that we would provide faster access to the right care, and we are on the right track toward achieving that goal. Over the past year, we've increased access to quality health care in a number of ways. We have expanded the number of health links from 69 to 82 across the province. What this means for patients is that those with the greatest needs, who often have multiple and complex health care conditions, can now access better and better-coordinated care.

Through health links, the hospital, the family doctor, the long-term-care home, community organizations and other health care providers work as a team to design a care plan for each patient. They work together with patients and their families to ensure that they receive the care they need. This means that the patients have an individualized and coordinated plan. They have care providers who ensure that the plan is being followed. They have support to ensure that they are taking, for example, the right medications. They have a care provider they can call who knows them and who is familiar with their situation and can offer help.

I spoke a few minutes ago about our commitment to and achievements with respect to the comprehensive mental health and addictions strategy, and we continue to make progress under the Patients First action plan. Phase 2 of our mental health and addictions strategy expands our focus to include improved transitions between youth and adult services and a broader focus on addictions and adult mental health. We have already made considerable progress in phase 2, and several key initiatives are currently under way.

Thousands of Ontarians are now benefiting from additional investments in more than 200 community-based initiatives and funding for treatment and crisis centres. We are working with our community partners, service providers, and other sector leaders to improve how and where services are delivered. We've increased our investment in mental health and addictions services, which have grown by \$83 million annually in 2016-17.

Ontarians now also have greater access to fertility treatments, as we have expanded access to in vitro fertilization services for Ontarians with all forms of infertility, regardless of their sex, gender, sexual orientation or family status. Our government recognizes that children are our future, and this investment is going to help an additional 4,000 Ontarians grow their families each year.

We have also taken steps to make hospital parking more affordable for thousands of patients, their loved ones and caregivers. Hospital parking costs have often been cited as a serious barrier. We've consulted with patients, patient advocacy groups, hospitals and the Ontario Hospital Association to come up with a plan that reduces the financial burden of parking fees for patients

and their visitors. Under this plan, we've made hospital parking more affordable by reducing hospital parking fees by 50% for frequent hospital visitors, including patients with chronic conditions and their loved ones.

As part of the Ontario government's overall effort to build Ontario up, last year we invested close to \$1.3 billion to expand, renew and modernize hospital infrastructure, with approximately 35 major hospital projects in planning or under construction. In fact, it's part of Ontario's plan to provide \$12 billion over the next 10 years in capital grants to hospitals to continue building essential infrastructure.

Last October, Humber River Hospital became North America's first fully digital hospital and opened its doors to patients here in Toronto. That hospital is using the most modern technologies to offer patients more efficient, safe, accurate and reliable care.

#### 1710

The opening of the Humber River Hospital was more than just an exciting milestone for Ontario. It was also another example of how Ontario is putting patients first by providing better access to high-quality health care services.

So you can see that we have made significant progress in terms of providing patients with faster access to services. But we have also made progress in connecting patients with the home and community care they want and need. This, in fact, is something I spoke about at length when I appeared before you last fall, but it bears repeating because it's such an essential part of our plan for transforming our health care system.

We know that Ontarians want and deserve a health care system that helps them live independently at home, where they want to be. We continue to work on Patients First: A Roadmap to Strengthen Home and Community Care, our three-year plan which will transform the way we deliver home and community care in this province. It's a plan that will introduce greater consistency in care, provide a better understanding of the services available, offer more support for caregivers and, ultimately, provide better access to the right care for those who need it most.

Our government will continue to fund growth in community-based care, at about 5% per year, for an increase of approximately \$250 million annually. That increase in funding is recognition of the importance of our home and community care sector.

I spoke earlier of our need to be innovative in order to find new ways to relieve the increasing pressure on our health care system. This is one of the reasons we've extended the funding for 23 community paramedicine projects for an additional 12 months. Over the next year, the ministry will further review the impact and role of community paramedicine within other changes to primary care, home and community care, and emergency health services. Through this program, we're exploring how the training and skills of paramedics can improve access to care in the community for patients with chronic conditions, especially seniors.

Chair, another way we're connecting patients to care is through our bundled care approach, which I shared with the committee last fall. This is where a group of providers uses a single payment to cover all the care needs of an individual patient. It builds on strong local examples, such as the program developed at St. Joseph's Health System in Hamilton. We've already announced six sites, and we are continuing to look at ways that we can expand this model.

Our government has also made a number of accomplishments with respect to providing patients with the resources, information and transparency that they need to make the right decisions about their own health. I know that Associate Minister Damerla will also have a great deal of news to share on this front, later in these proceedings.

But one of the key accomplishments of our Patients First action plan is that we are strengthening the immunization system here in Ontario through our Immunization 2020 strategy. Immunization 2020 is a call for participation and action within our communities. It's an invitation to everyone to come together and work towards success. The Immunization 2020 framework provides a common platform for all immunization partners. It supports a comprehensive approach to planning and it urges a system-wide approach to our immunization program. It also focuses on new vaccines and new technologies and on ways of strengthening the current system, and it emphasizes the need to develop system-level performance measurement systems to monitor our progress and ensure accountability.

We've also expanded our publicly funded immunization program to help protect more youth and adults from human papillomavirus, or HPV, infection and related cancers. In fact, last month I announced that beginning in September of this year, Ontario will offer the cancer-fighting HPV vaccine to boys as well as girls in grade 7 as part of our routine school-based HPV immunization program.

Our government also understands the positive impact that having good oral health and a healthy smile can have on a child's overall health, self-esteem and ability to learn. That is why last month I also announced that more than 323,000 children from low-income families are getting free dental care through the new Healthy Smiles Ontario program. Under this expanded program, Ontario is providing free dental care to eligible families to help them raise healthier kids. Children from low-income families can now access free preventive, routine, emergency and essential care from participating licensed dental providers.

Another of our efforts to keep patients informed is through the My CancerIQ website. My CancerIQ is a new online cancer assessment tool that allows Ontarians to find out their risk for breast, cervical, colorectal and lung cancer. Users can learn about their risk of developing one of these four cancers by completing a series of interactive questionnaires in less than 10 minutes. Over the last year, about half a million Ontarians have visited



the new site. The site provides personalized recommendations and teaches Ontarians about the steps that they themselves can take to reduce their risk of cancer.

The final objective of our Patients First action plan is to protect our health care system for generations to come and the patients who depend on it. Once again, this is an area where we have made significant progress in putting patients first. Patients and caregivers will have additional protection through Ontario's first-ever Patient Ombudsman. Christine Elliott was selected as the province's first-ever Patient Ombudsman, following a rigorous recruitment process that included province-wide public input and an independent search that considered almost 400 potential candidates.

In her new role, the Patient Ombudsman will respond to unresolved complaints from patients, residents and clients about their health care and health care experience, whether they received that care in a hospital, in a long-term-care home or in a CCAC. Once in place, she may investigate a health sector organization, following a complaint or on her own initiative, and she will make recommendations to a health sector organization that is the subject of an investigation once that work is complete. The Patient Ombudsman will make reports to the Minister of Health and Long-Term Care on her activities and recommendations each year and provide reports to our local health integration networks as appropriate.

Again, I want to return to the idea that one of the ways we can protect our health care system is by being innovative. To help us do that, last fall Ontario selected its first-ever Chief Health Innovation Strategist: William Charnetski. In his new role, Mr. Charnetski is championing Ontario as a leading centre not only for new and innovative health technology, but also for bringing that technology to market both here in Ontario and around the world. By helping new innovative technologies gain a foothold in our health care system, we're improving outcomes for patients and helping our health care system to work more efficiently.

Another way we are protecting our health care system is by making changes to ensure Ontarians get good value when it comes to drug costs now and in the future. As of October 1, 2015, pharmacists are required, in most cases, to provide Ontario Drug Benefit Program recipients who have chronic conditions with a full three-month supply of medication if that individual has been taking that medication for a long time. This change makes it easier and less expensive for patients with chronic conditions to fill their prescriptions and requires fewer visits to their community pharmacy. Pharmacists are also able to continue to provide more frequent dispensing for patients who, for safety reasons, require that more frequent dispensing.

1720

Another new initiative launched in October of last year requires patients to try at least two equivalent generic drug products, where available, before a brand product is reimbursed in order to maximize the use of safe and effective generic alternatives. These changes are part of an evidence-based approach that is providing us

with better value and helping to protect our health care system. Patients who have experienced an adverse reaction and currently possess a valid "no substitution" prescription from their physician, of course, continue to receive their brand medications.

We've also made changes to decrease the mark-up paid to pharmacies for high-cost drugs and we're reducing dispensing fees for pharmacies serving long-term-care-home residents.

Additionally, Ontario and other participating members of the pan-Canadian Pharmaceutical Alliance have worked together over the last four years to lower the price of commonly used generic drugs to 18% of brand reference price. This joint approach leverages our combined purchasing power to obtain the lowest generic prices achieved to date in Canada. This initiative is providing greater value to taxpayers and to government, as well as to employers and private insurers.

I would also note that just last week we made another significant accomplishment under the Patients First action plan with the passage of the Health Information Protection Act. Under this new legislation, it will be mandatory for health care providers to report privacy breaches to the Information and Privacy Commissioner and, in certain circumstances, to relevant regulatory colleges; it will strengthen the process to prosecute offences by removing the requirement that prosecutions must begin within six months of the alleged offence occurring; and it will double the maximum fines for those offences from \$50,000 to \$100,000 for individuals and from \$250,000 to \$500,000 for organizations. The new legislation will also increase transparency and increase quality in our health care system by updating the Quality of Care Information Protection Act, or QCIPA.

This new legislation affirms the right of patients to access information about their own health care, and clarifies that certain information and facts about critical incidents cannot be withheld from them or their families. It also requires the Minister of Health and Long-Term Care to review QCIPA every five years.

This new legislation is part of a larger effort in response to recommendations made by an expert committee created to review QCIPA with a view toward improving transparency in critical incidents. We are also taking steps in response to the recommendations to ensure that patients or their representatives are interviewed as part of a critical incident investigation and are informed of the cause of the incident, if it is known.

If you'll bear with me, for the last couple of minutes I'd like to circle back to our commitment to connecting people with better coordinated and integrated services. I want to do that because last December, I put forward for public consultation our Proposal to Strengthen Patient-Centred Health Care in Ontario. It's a proposal that is aimed at giving patients better access to care no matter where they live.

As I have outlined here today, Ontario is committed to a health care system that truly puts patients first. That

means faster access for patients today and a system that will be there for patients in the future.

Over the past decade, Ontario's health care system has improved significantly. We've reduced wait times for surgery, we've increased the number of Ontarians who have a primary health care provider and we've expanded services for Ontarians at home and in their communities.

But we can do more to put patients first. Our goal is to improve the patient experience with the next stage of our Patients First: Action Plan for Health Care by designing a path that will lead to better access to care, no matter where you live.

Under this proposal, we aim to improve communication and connections between primary health care, hospitals, and home and community care in order to provide for a smooth patient experience. We want to make it easier for patients to find a family doctor or nurse practitioner when they need one, to see that person quickly when they are sick and find the care they need closer to home.

We want to make it easier for doctors, nurses and other primary care providers to connect their patients to the health care they need. We will ensure that there is local planning so health care providers are available to patients where and when they are needed.

We need to strengthen indigenous involvement in the planning, design and delivery of health programs and services provided to their communities.

In order to provide better care for patients, we plan to make changes to local health networks so Ontarians get consistent care no matter where they live. Our goal is to provide patients with a health care system that is easier to navigate, better coordinated and more open and accountable.

**The Acting Chair (Mr. Jagmeet Singh):** Two minutes remaining.

**Hon. Eric Hoskins:** We want patients to have a say. Our plan puts patients at the centre of our health care system. With every decision we make, we're going to ask ourselves: How will this improve the patient experience? You will experience better care that is closer to home, and seniors will have the support they need to stay at home. You will have the tools and supports you need to stay healthy and manage your own health, and you will have confidence that the system is being managed effectively and your tax dollars are well spent.

In conclusion, Ontario is making significant progress in transforming our health care system to put patients first and to protect it for generations to come.

Every decision we have made is centred around the objectives of the Patients First action plan. While the goals we have set for ourselves may seem ambitious, they are achievable and we have the right plan to do it.

Once again, I would like to thank you, Chair and the committee, today for the opportunity to speak with you and I look forward to your questions. Thank you.

**The Acting Chair (Mr. Jagmeet Singh):** Thank you very much, Minister. Now we'll move to the official opposition. Just in terms of housekeeping, if, by chance,

your 30 minutes—you may be able to get all 30 minutes, but there will be a vote at some point. At that point, we'll adjourn and then you'll be able to have the remainder of your time afterwards. Without further ado, I recognize Mr. Yurek.

**Mr. Jeff Yurek:** Thank you very much, Chair.

I'm going to start in with questions. Welcome, Minister, Associate Minister and Dr. Bell. I guess you have no choice to be here, but it's nice to see you again in such a short time.

First of all, before I start, we all gave statements today in the House. The Myalgic Encephalomyelitis Association of Ontario is here today. I just spoke to them before coming down here. The ministry committed to creating a task force, and I spoke to the ministry staff who were at the event a half-hour ago, I guess. I know you're working on a task force. Can you give us a date when the task force will be struck for this group?

**Hon. Eric Hoskins:** Thank you for the question. This is, I think for all of us, an important issue, and we have committed to creating a task force with regard to environmental health, particularly the health conditions that are associated with environmental sensitivities. We are currently going through the various components of developing that task force, including the selection of the individuals who will play that important role. I expect that within a matter of months that task force will be fully up and running and convened to be able to begin that important work.

**Mr. Jeff Yurek:** Thanks. I'm sure they'll be happy to see that task force up and running.

1730

I just want to start out with regard to what happened over the couple of weeks after the budget was released and the fact you had originally come out to raise the deductible for seniors' drug plans from \$100 to \$170 a year. Then, after public outcry, you changed your mind and returned back to the \$100 deductible. In the media here, you were reported as saying you're not sure how to make up the shortfall of changing this policy and it's—you were quoted as saying that \$100,000 is the cost of that change. Have you figured out where that money is coming from?

**Hon. Eric Hoskins:** I think I'm also on record having, as the Premier has, expressed the intent behind the changes that were proposed and eventually passed in the budget which would result in a total of nearly half a million Ontarians paying no annual deductible and a significantly lower copayment as well. But notwithstanding the intent, over the course of the budget deliberations, you're right, we learned that there were some concerns expressed, particularly by seniors' groups, and we responded to those concerns.

I may in fact ask the deputy to comment more specifically with regard to the estimate—by not going through with what was initially proposed with regard to the changes to the copayment and the deductible—of what that amount is and also our plans for accommodating it.

Deputy?



**Dr. Bob Bell:** Thanks, Minister—

**The Acting Chair (Mr. Jagmeet Singh):** My apologies. Could you just introduce yourself for the record?

**Dr. Bob Bell:** Robert Bell, deputy minister, health and long-term care.

In your changes I'm going to check on, Mr. Yurek—  
*Interjection.*

**Dr. Bob Bell:** In your changes to the plan, we're expected to achieve about \$130 million net at the expansion of the low-income direct plan to include 170,000 more seniors, whose deductible would be lowered from \$100 to zero and whose copay would be lowered to \$2. So that total net cost totalled 130—

**Interjection:** You didn't hear me correctly: it was 100.

**Dr. Bob Bell:** It was 100? Thank you. So 100 in your—

**Mr. Jeff Yurek:** So the cost is \$100 million?

**Dr. Bob Bell:** That's correct. There's a variety of places that we're looking at to achieve offsets for that. Within the drug program itself, a review of the formulary that's available in a variety of different diseases to ensure that the evidence-based—that results in the best drugs being available for Ontarians is being enacted in the construct of the formulary.

Further savings are expected through the pan-Canadian Pharmaceutical Alliance, our methods for listing products, our methods for further reduction of prices of generic drugs: These are some of the areas where we're expecting to find offsets for that increased cost.

**Mr. Jeff Yurek:** So will you possibly be delisting medications that are covered?

**Dr. Bob Bell:** No, we don't expect to delist, but some changes within the formulary in terms of when drugs are available, when drugs are substituted for these sorts of formulary changes—we don't expect to delist.

**Hon. Eric Hoskins:** If I could just add to that, I think you know that Ontario has the office for the pan-Canadian Pharmaceutical Alliance, and it's estimated that the annual savings, nationally, for the measures that we put in place over the last four years are just under half a billion dollars annually. A lot of that accrues to Ontario. We are really, I would argue, just getting started at that national process. The federal government has just joined; Quebec has joined us as well. We have opportunity within that, so I don't want to underestimate the ability for us to find and accrue additional savings through that process, which would then allow us to counteract the costs, which, as we know—the costs of bringing an additional 170,000 people into that low-income category. That's what we're financing. We're not financing elements of a proposal—there were elements of the proposal we didn't carry through with, but the estimated \$100 million is the cost of increasing the GAINS threshold to bring an additional 170,000 Ontarians into that low-income category.

**Mr. Jeff Yurek:** You're just hoping to work it out through the incoming new medications that you're going to cover in the rebates that you'll be receiving?

**Hon. Eric Hoskins:** Well, it's a substantial budget—or the budget drug line itself. Again, with a greater emphasis and more partners involved in the pan-Canadian process, I believe that we've got opportunity to find additional savings. But as we moved forward, the ministry, obviously, when that policy decision was made, began the difficult but essential work of beginning to find where those offsets would come from.

**Mr. Jeff Yurek:** So with respect to other medications coming on to the formulary, you don't suspect this \$100-million cost will affect new medications?

**Hon. Eric Hoskins:** Well, to give you an example: The two new hepatitis C drugs, which are close to a cure—they are a cure for many, many people; exceptionally important breakthrough drugs. I think it's estimated—is it this year or next year?—that they will cost the government, between my ministry and community and social services, upwards of \$300 million, I believe is the figure. So for better or worse, I think we're quite used to a budget line which needs to be in an environment to accommodate changes that we see with regard to pharma. We've successfully managed that line over the years. I can't recall precisely what the annual budget is for drugs—three billion, roughly?

We have the ability. Through the national process that I described but also through innovations that take place, and some of the measures we've instituted that I referenced as well in terms of generic substitution and payments for pharmaceuticals, I'm confident that we'll be able to accommodate that additional cost of bringing those 170,000 into a low-income category.

**Dr. Bob Bell:** In terms of just carrying on with the new drugs, the process for federal approval of new drugs is being increasingly informed by CADTH, which is an evidence-based evaluation, looking at cost-effectiveness as well as effectiveness. That's another area where new drugs certainly can be negotiated—product listing agreements negotiated more aggressively than they have in the past with that federal approach and with all the partners engaged and supporting the CADTH recommendations. These are some of the reasons we're optimistic that we'll be able to bring on new drugs effectively.

**Mr. Jeff Yurek:** Obviously you've looked at it. Quebec has a program in place to have coverage of Harvoni to cure hepatitis. Have you looked at their program, how over three years they're staging the implementation? You've costed out \$300 million a year that it's costing, but have you costed out implementing the stages that Quebec has implemented in their drug program?

**Dr. Bob Bell:** No, we haven't compared our program with Quebec's particularly. We're providing access to Harvoni and the other hepatitis C drugs currently in our formulary.

**Mr. Jeff Yurek:** Okay. Thank you. If you look on page 109/110, for expenditure changes, it cites alternative service delivery methods as the reason for a \$5-million cut to the northern travel program. I'm sure the third party would concur that we hear a lot about the lack of

access to health care in our northern communities, and there's been no increase in funding for the teletriage services. Could you just give a quick explanation of how the alternative service delivery methods will make up the \$5-million cut to the program?

1740

**Hon. Eric Hoskins:** I just need a moment. I'll defer to the deputy for a moment.

**Dr. Bob Bell:** The anticipation is that teleservices will be part of that. The opportunity to provide new patients with teleconsultation using the Ontario Telemedicine Network is one way that's expected, as well as the opportunity for follow-up appointments for patients post-surgical appointments, for example, to be managed better through telemedicine resources using the OTN network.

**Mr. Jeff Yurek:** So without increasing the funding, you think the teletest system will replace the travel cuts that have occurred?

**Dr. Bob Bell:** It won't replace them entirely, but the reduction that you're talking about—we're anticipating finding service replacement for some of that with the Ontario Telemedicine Network.

**Mr. Jeff Yurek:** Can you also explain, back on 109 and 110, the efficiencies that you found that allowed for a 20% cut to the quality health initiatives for 2016-17?

**Hon. Eric Hoskins:** I think I can do this as well. Quality health initiatives, a decrease of \$1 million in 2016-17 and ongoing: This is due to operational efficiencies. We've put this change in place, the savings of \$1 million annually. It was recommended by the ministry, as previously approved funding had been underutilized in previous years.

This is really, I think, right-sizing a budget line that reflects the historic fact that it has been underutilized by approximately that amount on an annual basis. This is a simple example of operational efficiencies.

**Mr. Jeff Yurek:** Okay. How much time—you don't know when the vote is?

**The Acting Chair (Mr. Jagmeet Singh):** It's in 16 minutes.

**Mr. Jeff Yurek:** In 16 minutes? Okay.

We discussed in question period the stem cell transplant crisis that occurred in Ontario. I'm glad you've acted on making up for the breakdown of the system. My question is, now that we have a number of people heading to the States for treatment, I'm assuming that you've set up a system where the government will be paying up front for stem cell treatment. The patient is not going to have to ask for reimbursement on that, right?

**Hon. Eric Hoskins:** Yes, that is correct.

**Mr. Jeff Yurek:** The question is, the out-of-pocket expenses for the family members who are going: Are they also going to have to pay and submit to get reimbursement, or are you providing some sort of funding for them so the family members can be with them during the three to six months that they'll be in the States?

**Hon. Eric Hoskins:** There are currently three sites in the United States where we have agreements for the provision of out-of-country transplant services, stem cell

transplants for Ontario patients. We've set aside up to \$100 million to fund that. But it was clear that although this option has been made available since the fall to Ontario patients, the uptake wasn't as pronounced as I would have liked to have seen.

I believe now, with the three sites we have in place—one of the issues that came up was the requirement or necessity for caregiver support, not for the time in hospital, obviously, in one of those three sites in the United States, but for the time post-surgery, because there is a requirement for a stay. So we have implemented a change where the province will pay for the cost of a caregiver for the duration of an individual's stay at one of those three sites.

But importantly, we're also looking at other measures that we should consider, including the one that you referenced, to make this a viable option for Ontarians, again emphasizing that we intend and hope that this be a short-term measure. Our preference, of course, is to give all Ontarians the option to achieve this transplant in province. In fact, we're already seeing a decrease in wait times and an increase in capacity in certain sites—

**Mr. Jeff Yurek:** Sorry. I don't mean to interrupt, but—

**Hon. Eric Hoskins:** Go ahead.

**Mr. Jeff Yurek:** Are you going to have funding for the family members to be down there? Will they get upfront funding so they don't have to submit bills down the road?

**Hon. Eric Hoskins:** So the funding for—

**Dr. Bob Bell:** It's covered.

**Hon. Eric Hoskins:** It is covered? Bob, do you want to go ahead?

**Dr. Bob Bell:** Thank you. Part of the contract that we've negotiated with the treatment centres provides opportunity for folks to have their residential costs covered when they're out of country with their loved one. That's part of the contract.

**Mr. Jeff Yurek:** Up front? They're not going to have to pay and submit?

**Dr. Bob Bell:** That's correct.

**Mr. Jeff Yurek:** Good for you. Now, just a continuation on the stem cell—obviously, something went wrong in the system, and it's going to be a couple of years for it to be fully fixed. There were questions to ask about how many people on the wait-list had died or relapsed while waiting on this long wait-list to go to the States for treatment. Cancer Care Ontario said, "No, we're not going to release that information due to privacy concerns," but the privacy commissioner indicated that it's not a privacy concern if you give us just the raw data. Will you release those numbers for us and—that's my question. Will you release those numbers for us?

**Hon. Eric Hoskins:** It is the policy of CCO, of Cancer Care Ontario—in fact, it is a widely held policy across the academic community and certainly the health care community—that there is a threshold of cases under which, because of the small number of cases and other publicly available information, there is a real risk, a



substantial risk, that individuals could or might be identified if a small number of cases is revealed. This is not specific to CCO. There are a number of agencies across the provincial government and around the world and in the United States—it's a commonly held principle, for good reason.

Certainly, I think we would all agree that privacy is of paramount importance. So the policy of CCO is that that threshold, which is not unique to them, is at a level where if the number of cases involved, in this particular question that has been posited, falls below that threshold, they would refrain from disclosing those numbers because of a legitimate risk, in concert with other publicly available information, that that individual or individuals could be identified.

**Mr. Jeff Yurek:** So the privacy commissioner is wrong in this case? He was saying that it doesn't affect privacy.

**Hon. Eric Hoskins:** I'll let the privacy commissioner speak for himself.

I'm trained as a statistician and epidemiologist. I've asked the ministry as well, as a result of this particular request that came in, to look in detail, and I've spoken directly with the CEO of Cancer Care Ontario about this. We've reviewed what is a commonly held policy, for good reason: to protect the privacy of information.

When you're dealing with a number of cases, if you have a very small number of cases that are impacted, together with public information—I think any of us could learn this through researching what the policy is across many highly credible institutions, particularly health care institutions around the world, including in North America, that that policy exists for good reason. CCO is implementing a policy which is really solely aiming to protect the identity of certain individuals.

**Mr. Jeff Yurek:** So you've obviously seen the numbers.

**Mr. Michael Harris:** I have not.

**Mr. Jeff Yurek:** You have not seen them. They won't listen to you, either.

**Hon. Eric Hoskins:** I have not, but I have an understanding of the policy that CCO and others adhere to.

**Mr. Jeff Yurek:** Okay. Also in reports with the stem cell treatment, when they're now being referred to Ottawa in order to go to the States, Dr. Wells was quoted as saying that it was up to three weeks and he still had not heard what was happening with his patient. What's the time frame now for a doctor referring his patient to Ottawa to get the necessary review to get into the States to get the transplant? How long is it taking now to actually get through that process?

1750

**Hon. Eric Hoskins:** I'm going to tidy up the last question, just to give you, I think, a useful piece of information. Then perhaps I'll ask the deputy to weigh in on that, but I'll reference that as well.

The policy that I was referring to in CCO, which is commonly held across health care institutions, is if the number, the "N," is less than five. I'm not revealing any

information. I'm simply stating their policy in a generic sense. If the number of individuals affected is less than five, that is the threshold where there is a very real risk that revealing that number, put together with public information, actually could allow for identification.

I'll ask the deputy to speak to your most recent question, other than to say that as a result of some of the changes that we've made to improve access and to decrease the wait times, I established a task force, which has already met. I convened the first meeting of clinical experts—CCO and others. One of the action items coming out of that very first meeting was to work to improve the interaction between the various sites and the referring physicians as well—that network, if you will—to expedite and streamline exactly the process that you've described, and including if there is an option for out-of-country, to ensure that that process is as tight as possible as well.

Looking at each of the steps from the point of, say, the hematologist making the referral to the transplant surgeon, to finding the appropriate site for that individual—if the wait-list is such that an out-of-country option should be considered—to ensure that our role, which is that out-of-country component, that all of those pieces work together as expeditiously as possible.

I'm not sure, Deputy, if you want to add to that.

**Dr. Bob Bell:** The time now for patients to be seen by the ad hoc transplant committee for out-of-country referral is about two days. They'll meet any time a referral is made, to consider the data that's provided to them, and make a decision within two days of considering the data.

**Mr. Jeff Yurek:** Within two days of considering the data?

**Dr. Bob Bell:** That's correct.

**Mr. Jeff Yurek:** So if Dr. Wells refers a patient now, you're saying that within two days, he's going to get a response?

**Dr. Bob Bell:** He's going to get a response for out-of-country referral within two days. If it's an institutional referral—which is really a very small number, to this point, since most patients are being referred not within Ontario institutions but, rather, out of country—that's up to the institutions to make that referral. We don't really have any time recorded for that.

As of April 15, for the out-of-country program, we've had 191 patients approved to go and 31 have agreed to go, following that decision being made. It's in the past month that the turnaround time for that out-of-country referral has come down to two days.

**Mr. Jeff Yurek:** Two days. So 191 were approved and 31 agreed. What happened to the 160? What are the barriers?

**Hon. Eric Hoskins:** I think it's a combination of features. Some of them invariably will move up the wait-list or perhaps be referred. There are three allogeneic centres across the province that provide this particular type of transplant service. There are patients as well that choose to remain on the wait-list for a variety of reasons.

It's a condition, as you can appreciate, which can change reasonably rapidly in one direction or the other. I would imagine there's not one single source.

But as I've spoken to already, one of the concerns that I had expressed, and I think that we all felt, was what changes were necessary to the out-of-country program to make it more viable for families. So that's why we stepped in to provide the caregiver support, for example, and the other supports that the deputy referenced.

I want to make sure that, particularly with such a devastating diagnosis and the importance of timely response, and the emotional and potential financial burden that it places on individuals and their families, to make sure that the province is providing the supports necessary to make sure that we're not contributing further to that burden.

**Mr. Jeff Yurek:** Just to close this section of the stem cell question, so you can 100% confirm that financial barriers will not be a problem for families going to the States. The province will pick up the costs up front.

**Hon. Eric Hoskins:** As I mentioned, one of the significant challenges for patients were the caregiver expenses I referenced—

**Mr. Jeff Yurek:** And family.

**Hon. Eric Hoskins:** Pardon me?

**Mr. Jeff Yurek:** And family.

**Hon. Eric Hoskins:** And family, and also this is an ongoing process; right? We've created the position of a patient navigator to work specifically with families that are on the wait-list, those who are and are not considering out-of-country, to further investigate other measures that perhaps need to be taken to make sure that this a viable option for those individuals.

Of course, the other change that we made recently with regard to those who had relapsed is giving them an opportunity for transplant, both in and out of country as well.

**Mr. Jeff Yurek:** They're going to buzz us in a second. Before he knocks it on me—because I won't see you for a bit—I want to congratulate you on hiring Christine Elliott as the patient advocate. It's a great selection. I look forward to working with her.

**The Acting Chair (Mr. Jagmeet Singh):** You'll have the remaining two minutes when we meet again. Thank you very much, Minister and Associate Minister, for being here. This committee will be adjourned until tomorrow following routine proceedings.

*The committee adjourned at 1757.*



## CONTENTS

Tuesday 10 May 2016

Committee business.....	E-849
Ministry of Transportation.....	E-850
Hon. Steven Del Duca	
Ms. Linda McAusland	
Mr. Gerry Chaput	
Ministry of Health and Long-Term Care.....	E-873
Hon. Eric Hoskins	
Dr. Bob Bell	

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## Assemblée législative de l'Ontario

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# Official Report of Debates (Hansard)

Wednesday 11 May 2016

# Journal des débats (Hansard)

Mercredi 11 mai 2016

## Standing Committee on Estimates

Ministry of Health  
and Long-Term Care

## Comité permanent des budgets des dépenses

Ministère de la Santé  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATES

Wednesday 11 May 2016

COMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Mercredi 11 mai 2016

*The committee met at 1546 in room 151.*

**The Clerk of the Committee (Mr. Eric Rennie):** Good afternoon, honourable members. As Clerk of the Committee, it is my duty to call upon you to elect an Acting Chair for today's meeting since neither the Chair nor Vice-Chair is present. I remind members that, pursuant to standing order 117(b), the Chair of the Standing Committee on Estimates shall be a member of a recognized party in opposition to the government.

Are there any nominations for Acting Chair? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I nominate MPP Catherine Fife.

**The Clerk of the Committee (Mr. Eric Rennie):** Ms. Fife, do you accept the nomination?

**Ms. Catherine Fife:** Yes.

**The Clerk of the Committee (Mr. Eric Rennie):** Hearing that Ms. Fife accepts the nomination, are there any further nominations? Seeing none, I declare the nominations closed and Ms. Fife elected Acting Chair of the committee.

Ms. Fife, could you please come to assume the chair?

**The Acting Chair (Ms. Catherine Fife):** Good afternoon, everyone. Thank you for being here. Before we begin, I would like to remind members that, pursuant to the order of the House dated May 9, 2016, this committee will meet to consider the 2016-17 estimates of the Ministry of Aboriginal Affairs next week, on Tuesday, May 17 and Wednesday, May 18.

The committee will resume consideration of the estimates of the Ministry of Health and Long-Term Care on Tuesday, May 31.

MINISTRY OF HEALTH  
AND LONG-TERM CARE

**The Acting Chair (Ms. Catherine Fife):** We are now going to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of 13 hours and 59 minutes remaining—but who's counting? If there are any inquiries from yesterday's meeting that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions.

Are there any items, Minister, that you have brought with you to share with committee members?

**Hon. Eric Hoskins:** No. I'm looking forward to the remaining 13 hours and 59 minutes, though.

**The Acting Chair (Ms. Catherine Fife):** But who's counting?

When the committee adjourned, the official opposition had two minutes left in their round of questions. MPP Walker, the floor is yours.

**Mr. Bill Walker:** Thank you very much, Madam Chair. You look good in that chair, Madam Chair.

It's a pleasure to be here. Since I only have two minutes—I wanted to get it on the record anyway. I know this is an item near and dear to the minister's heart. I just want to make sure that when we're talking estimates, there's enough estimated money for the Markdale hospital to proceed, and that we will soon have a date where we can actually put a shovel in the ground and move on that.

I am hearing questions in my community. I shared that with you in the House the other day, that the community still is a little bit antsy—"When is it really going to happen?" They just want some more certainty and assurance. Hopefully, we can find something. I know it's working through. I was talking to the CEO of the hospital. He feels things are moving well. But I think if we could find a date, even a tentative date, of starting, that would certainly allay a lot of the concern and distress out in the community. That would be one thing that I would like to bring to the table.

I see the associate minister is here as well. It's nice to be able to give you some profile, but I'm going to do more long-term-care stuff later in our deposition.

Today, I'm going to talk for the most part—when I get rolling in my next little session—about the Assistive Devices Program. That's something that certainly has been front and centre for a lot of people, so I'll be bringing some questions to you there and really asking some of the more challenging things, so I can go back to those constituents and make sure. I know it's a big area for you to look at.

The first one would be that the transportation and communication costs for the Assistive Devices Program were more than four times the 2015-16 estimate. Can you give me some ideas of what the reasons were for those being four times higher than what you had estimated?

**Hon. Eric Hoskins:** Yes, if you'll bear with me just for a moment, just to gather what we need to be able to—



and my deputy may actually beat me to the—well, maybe he won't beat me.

Just with regard to your specific question, it was the increase over what period of time?

**Mr. Bill Walker:** Four times more than the 2015-16 estimates.

**Hon. Eric Hoskins:** For which element in particular?

**Mr. Bill Walker:** For transportation and communications costs for the Assistive Devices Program.

**Hon. Eric Hoskins:** Transportation and communications line item?

**The Acting Chair (Ms. Catherine Fife):** Minister, you'll probably have to get back to that because the two minutes are up.

**Hon. Eric Hoskins:** I apologize. We will have the answer for you.

**The Acting Chair (Ms. Catherine Fife):** Now we go to Madame Gélinas for 30 minutes, from the third party.

**M<sup>me</sup> France Gélinas:** Thank you, and it's a pleasure to talk to you, Deputy, Associate Minister and Minister. I will go by sections of the health care system except for my first question. My first question is a puzzling one and it has to do with the construction of long-term-care beds in Sioux Lookout. I know that Sioux Lookout is at the front of mind of everybody in this room, and just to make sure, I will recap some of the important dates.

In 1990, a long time ago, 20 EldCap beds open in Sioux Lookout. Then, in 1997, we go through this four-party agreement signed between Canada, Ontario, Sioux Lookout and the NAN that identified the province of Ontario's obligation toward the development of long-term-care plans in that area. In 2000, we agreed that new long-term-care beds were needed. In 2005, your predecessor, Minister of Health George Smitherman, recognized the need for additional beds that were supposed to be constructed during the construction of the new hospital. Meno Ya Win, the new hospital, was developed but the long-term-care beds were not there. In 2010, the facility opened.

Now we are in 2016. Everybody locally has supported the construction of the beds—76 additional beds. A proposal had been submitted to the ministry in 2014 via the LHIN, which gives its support. We are in 2016 and they have heard nothing from the ministry except locally, where the needs are getting higher and higher. The gridlock at Thunder Bay Regional hospital can be linked to the fact that they are caring for a significant amount of people who should be cared for in Sioux Lookout, if this facility were there.

I looked with the best eyes that I could find through the estimates book to see operational funds and capital funds for this worthy project. I have not seen it, so I'm hoping that it's just a mistake, that it's there and I have not seen it. I'm opening it up. I'm not too sure who wants to answer.

**Hon. Dipika Damerla:** Thank you, MPP Gélinas, for that question and for your advocacy. I just wanted to say that I've been up to Sioux Lookout two times so far. I have visited the Meno Ya Win hospital, which is really

lovely. I also visited the Bill George long-term-care facility there as well. I have spoken with the mayor. We've had conversations with the leadership of the First Nations community.

I put all of this context just to say that there has been an ongoing conversation and relationship with all of the stakeholders around the request. I can assure you that work is under way to address the concerns.

As you know we, as a government have committed to coming back with a broader response to the entire Nishnawbe Aski Nation emergency declaration. This piece around how we deal with elder care in Sioux Lookout and, more broadly, in all of northern Ontario is definitely on our radar. What I can commit to is to say that we will be coming up with a response that we think is one that we have worked through with all of the parties as part of the larger response to the NAN situation, which is imminent.

**M<sup>me</sup> France Gélinas:** Okay. So the question was that the pre-capital submission provided by Meno Ya Win through the North East LHIN to you has not had any written response. This was 2014. We're now in 2016. When can they expect something in writing coming from the ministry back to them?

**Hon. Dipika Damerla:** I think what I can say is that we plan a broader response to the entire NAN emergency declaration. We've committed to coming up with a response to that. As part of that response, you will find that there will be a robust response to the particular issue around elder care in the Sioux Lookout area.

**M<sup>me</sup> France Gélinas:** That sort of worries me, because the emergency situation that came up in Attawapiskat, although it is within NAN territory—if that hadn't happened, does that mean that their pre-capital submission would have never been answered, too?

**Hon. Dipika Damerla:** That's a fair question. I would have to say that, as a matter of fact, long before the emergency was declared, work was under way on that particular submission that the Sioux Lookout area had made. In fact, my visit to Sioux Lookout to find out more about the realities on the ground also took place before that.

So I think it would be fair to say that we've been looking at the issue for some time, but it just makes sense to roll all of the response into one comprehensive response, rather than come out piecemeal on this issue. Because the timing works together, we have just decided to roll both of them out at the same time. But I can assure you that work started on that long before any emergencies were declared.

**M<sup>me</sup> France Gélinas:** So if I push for a date, when this community has been waiting for two years for a written response, how much longer—are we talking another two years before they hear back? One year?

**Hon. Dipika Damerla:** Do we have a date that we're looking at?

**Dr. Bob Bell:** We don't have a firm date, Minister, but we can first of all assure MPP Gélinas that we've had many conversations around that pre-capital submission, and we do anticipate that responses will be shortly forthcoming.

**M<sup>me</sup> France Gélinas:** Okay, thank you. That was an aside. I will come back to long-term care, but I wanted to—

**Hon. Dipika Damerla:** That was just a preview.

**M<sup>me</sup> France Gélinas:** A preview. I'll switch into primary care. The first thing I want to deal with is the \$85-million increase over three years for recruitment and retention in primary care. I understand it is for family health teams, community health centres and nurse-practitioner-led clinics. Could you tell me when the money will start rolling out, who it will go to, and to which care providers?

**Hon. Eric Hoskins:** I'll certainly begin on that. Like the compelling argument for long-term care in Sioux Lookout, this is another compelling argument that I began to hear in earnest as soon as I became health minister, and particularly from our nurses, but not solely our nurses or nurse practitioners.

The issue of recruitment and retention, as you know, is an important one. I know you've voiced concern about it yourself, that it affects dietitians, occupational therapists and others who work within that system.

As a result of consultations, we, as you know, passed in the budget the \$85-million increase to begin to deal specifically with this challenge that has been identified for us, of recruitment and retention, broadly. I think that if there has been attention on this, particularly media attention, it has sort of gravitated towards nurse practitioners, but it's broader than that—the sorts of health care professionals we're talking about. You're right in identifying—I'm not sure if that's the exhaustive list of the locations, family health teams and community health centres, for example—but that is the area where this disparity is most pronounced and the challenge is most pronounced.

In terms of operationalizing it, I think there were two issues that were important. There was the absolute amount of remuneration received by these categories of health care professionals; but also, there was great opportunity on the pension benefit side as well. With some additional investment, it would allow these categories of health care workers working in these situations to move into a much more favourable pension and pension benefit situation.

So it was really that two-pronged approach: \$85 million, a number of health care professionals affected in those areas that you referenced, and starting, in terms of when it begins—

**Dr. Bob Bell:** Consultations are under way with the Association of Family Health Teams of Ontario and the AOHCC right now. The funding is expected to flow shortly for this fiscal, of course. We wanted to provide, based on consultations with CHCs and family health teams, flexibility for allocation that would suit the needs of the individual practices.

1600

There is a degree of employer flexibility. We're not prescribing rates of increase for each profession. Boards may need to do things differently based on the local

labour market circumstances. That said, we're providing a guidance document to show organizations how we arrived at their budget increase, and we expect that most will follow suit. That degree of flexibility within a framework for increase, and certainly the individual teams to determine which professionals need market-value adjustments, are probably what we've heard most in consultation with the field.

**Hon. Eric Hoskins:** If you'll allow me to ask a question of my own deputy, which is maybe a helpful point of clarification: The funds that we've allocated in the budget will be for this fiscal year?

**Dr. Bob Bell:** Correct.

**Hon. Eric Hoskins:** And will it be retroactive to April 1? Is that the idea?

**Dr. Bob Bell:** The distribution is \$22 million this year, \$31 million in the 2017-18 estimates and \$31.7 million in the 2018-19 estimates. To be absolutely straightforward, I'm not sure if it's retroactive to April 1. It looks to me like it will be fully annualized in 2017-18, Minister.

**M<sup>me</sup> France Gélinas:** I was surprised at your first answer, Minister. I've heard about nurse practitioners, dietitians and OTs; you've linked the nurses into that. There are a lot of nurses for \$85 million.

**Hon. Eric Hoskins:** There should have been a second word attached to that. Nurse practitioners are nurses, but I was implying—and I think I quickly got to the nurse practitioner part of that, so I apologize if there was any confusion in what I said.

**M<sup>me</sup> France Gélinas:** I just wanted to be clear.

Deputy, you said that you're talking to the Association of Family Health Teams and the association of community health centres. What about NPAO?

**Dr. Bob Bell:** Yes, and NPAO as well.

**M<sup>me</sup> France Gélinas:** NPAO as well? Okay.

**Dr. Bob Bell:** Correct.

**Hon. Eric Hoskins:** In fact, I have to say that they've been instrumental in helping us devise what ultimately our proposed solution has been.

**M<sup>me</sup> France Gélinas:** Okay. You piqued my interest when you said that it may be other than CHCs, FHTs and nurse practitioner-led clinics. Who else did you have in mind?

**Dr. Bob Bell:** Nurse practitioner-led clinics would be the additional ones to the associations that I mentioned.

**M<sup>me</sup> France Gélinas:** So those are the three professions and those are the three—

**Dr. Bob Bell:** Models.

**M<sup>me</sup> France Gélinas:**—models of care that are—

**Dr. Bob Bell:** Correct—the interprofessional models of care that we're currently supporting.

**M<sup>me</sup> France Gélinas:** Talking about those three models of care: I'm pretty up to date with what's happening with family health teams and how they can grow and how physicians can join those. It's not as clear to me what happens to communities that want community health centres or nurse practitioner-led clinics. What is



the rate of growth to this? What is the process for having more of those?

**Hon. Eric Hoskins:** I'll maybe gently kick it off. Certainly, with reference to our community health centres—I don't know if there are any active plans in terms of increasing the number of nurse practitioner-led clinics. I believe that there are not, currently.

**Dr. Bob Bell:** Or CHCs.

**Hon. Eric Hoskins:** Or CHCs as well. My deputy has just helped make my answer shorter than it otherwise might have been.

**Dr. Bob Bell:** However, Minister, if I may?

**Hon. Eric Hoskins:** Go ahead.

**Dr. Bob Bell:** One of the things we want to do is maximize the opportunity with family health teams to utilize the infrastructure that's being created. We have a number of situations where satellite family health teams are either starting up or in the planning phase.

The other expectation is that the interprofessional resources within family health teams, within CHCs, are beginning to be shared with other primary care providers in the community to ensure that access is based on need rather than the model of remuneration that your primary care physician is engaged in. It needs to be a more evidence-based approach to who needs interdisciplinary care resources.

The other thing we talked earlier today, Mrs. Gélinas, at SCOPA was about Minister Hoskins's discussion document. One of the anticipations in that document, as you know, is that LHINs will become responsible for planning and performance measurement in primary care. Our expectation is that LHINs will become much more active in recruitment, in deciding what model of private care is appropriate for communities that need more primary care, and in evaluating the access to interdisciplinary resources that citizens achieve from any model of care of primary care practitioner. That's one of the elements of the proposal.

**M<sup>me</sup> France Gélinas:** We see, within the budget, that there is a 5% increase for community care. Does any of this 5% increase in the budget flow to community health centres or nurse-practitioner-led clinics, aside from the \$85 million you've identified for recruitment and retention?

**Dr. Bob Bell:** No.

**M<sup>me</sup> France Gélinas:** Zero? None? Okay.

You've talked about satellites, and you're absolutely right that there are opportunities. What happens to communities where a satellite of a community health centre will make more sense than a satellite of a family health team—if they have a family health team, they get the satellite; if they have a community health centre, they don't?

**Dr. Bob Bell:** We're looking at these different models now.

Mr. Walker raised earlier the situation of the CHC in Markdale, where we think there may be opportunities to add providers by varying some of the regulations around the approach. We're certainly looking at these new models.

**M<sup>me</sup> France Gélinas:** Yes, but if there is no money in the budget to increase their budget, how do they do this? Volunteer physicians are hard to come by.

**Dr. Bob Bell:** For example, what we're looking at is primary care providers who are fee-for-service currently—the potential for actually moving them into a CHC model.

**M<sup>me</sup> France Gélinas:** Really?

**Dr. Bob Bell:** The potential exists.

**M<sup>me</sup> France Gélinas:** Wow. That's great news. I didn't know that. Thank you.

My next question has to do with Healthy Smiles—still in primary care, kind of. Again, I tried my best to look at those numbers, and they're not always easy to follow, so help me: How much funding was allocated to CINOT, Children in Need of Treatment, in 2015-16, and how much was actually spent? At the same time, how much was allocated to Healthy Smiles in 2015-16, and how much was actually spent? How come I cannot find this on my own?

**Hon. Eric Hoskins:** We pride ourselves for actually having a good understanding of the intricacies of the ministry, but I think both of us are going to have to—Bob, if you've got it first, go ahead.

**Dr. Bob Bell:** France, in 2013-14, CINOT accounted for 37,493 patients; in 2014-15, 35,792; and in 2015-16, 36,244. These are patients who are in the CINOT classification. The number seems to be fairly consistent within the integrated program as it was before when it was a specialized program.

**M<sup>me</sup> France Gélinas:** No. I was asking: how much funding?

**Hon. Eric Hoskins:** Money.

**Dr. Bob Bell:** How much money? The answer to that—

**Hon. Eric Hoskins:** Yes, I don't have that in front of me. It might be that somebody—

**Dr. Bob Bell:** Do we have the funding equivalent for the treatment of those patients?

**Ms. Roselle Martino:** For CINOT, it was \$10 million, and for Healthy Smiles, it was \$30 million.

**Hon. Eric Hoskins:** Sorry, again?

**Ms. Roselle Martino:** CINOT, \$10 million; Healthy Smiles, \$30 million.

**Hon. Eric Hoskins:** For which year?

**Ms. Roselle Martino:** For 2015-16.

**Hon. Eric Hoskins:** For 2015-16.

**The Acting Chair (Ms. Catherine Fife):** Excuse me, could you identify yourself for the record, because you're speaking into the microphone?

**Dr. Bob Bell:** Why don't you sit over here, Roselle?

**The Acting Chair (Ms. Catherine Fife):** Can you please introduce yourself to the committee?

**Ms. Roselle Martino:** I'm Roselle Martino. I'm the ADM of the population and public health division.

**The Acting Chair (Ms. Catherine Fife):** Did you want to formally enter your comments into the record, or do you want to—

**Hon. Eric Hoskins:** I think she was just giving us a piece of oral information that we could utilize.

For the 2015-16 fiscal year, the CINOT program, the funding allocation for that, or the expenditure, is \$10 million, and for Healthy Smiles it's \$30 million for the same fiscal.

**M<sup>me</sup> France Gélinas:** And how much of that was spent?

**Ms. Roselle Martino:** All was spent.

1610

**M<sup>me</sup> France Gélinas:** The full amount?

**Ms. Roselle Martino:** Yes.

**M<sup>me</sup> France Gélinas:** So you had budgeted \$10 million and you came in exactly at \$10 million?

**Ms. Roselle Martino:** There was no money left over.

**M<sup>me</sup> France Gélinas:** Okay. I know, Deputy, you went through it quickly, but could you tell me how many children received services under Healthy Smiles in 2015-16—the number of children?

**Hon. Eric Hoskins:** I can do that. In 2015-16 for Healthy Smiles, 41,832—is that correct?—active clients transitioned over to the newly integrated model of Healthy Smiles.

I think the deputy already referenced that in that same fiscal year of 2015-16, 36,244 were treated under CINOT.

**M<sup>me</sup> France Gélinas:** So, transitioned over—

*Interjections.*

**Hon. Eric Hoskins:** Right. Okay, I'm reminded—the deputy just pointed out—that for the Healthy Smiles number, the 41,832, that is as of January 2016, so it's not quite the full fiscal year.

**M<sup>me</sup> France Gélinas:** Okay. You used the words “transitioned over.” Does “transitioned over” mean that they were kids receiving dental care, or kids eligible for dental care? What does that mean, anyway?

**Hon. Eric Hoskins:** These are individuals who transitioned into the new program and received care.

**M<sup>me</sup> France Gélinas:** Why are we using the word “transitioned”? Does it mean something that I'm not getting?

**Hon. Eric Hoskins:** These were individuals who were enrolled under the previous programs and were grandfathered—I hate using the term, if there's another term other than “grandfathered”—into the new program, so they were eligible prior to the combining of the six different programs. They maintained their eligibility throughout transitioning into the new program in that fashion. That was the number of transitioned individuals who received care under the new program.

**M<sup>me</sup> France Gélinas:** Gotcha. Thank you for the clarification.

I know that Accerta is now the one who will be handling the claims for Healthy Smiles. Is their contract public?

**Hon. Eric Hoskins:** It is not currently a public document.

**M<sup>me</sup> France Gélinas:** Okay. Without sharing any secrets that I'm not supposed to know, how are they

being paid? How do we pay them for their work? Is it a set amount? Is it so much per client? How does it work?

*Interjections.*

**Hon. Eric Hoskins:** It would probably be easier if she just speaks directly. It will save us all time.

**Ms. Roselle Martino:** Sorry, it's all these binders here, and my chair is funny.

Accerta is being paid under a transfer payment agreement. The majority of their payment is from the claims base. You will recall—Madame Gélinas, you've asked this question before—where we did not take any money away from health units, and we let them keep that money, when we went into a third-party administrator. The only money that we took away was what we were paying fee-for-service dentists, and that is what Accerta is using to pay claims. So they're on a claims basis; that's how they get paid.

**M<sup>me</sup> France Gélinas:** Okay. We have a really tough time, in all of Sudbury and the northeast, to get kids in to dentists through the new Healthy Smiles Ontario program. I will tell you what happened: All of the dentists in Sudbury say that they're full and they're not taking new clients. Then they ask you, “What is your dental plan?” If your dental plan is one that pays well, you get a call back and all of a sudden, there is an opening in that full caseload. If your dental plan happens to be Healthy Smiles, they are all full and they don't want to see you.

Is Sudbury the only one having this fun time?

**Ms. Roselle Martino:** Minister, do you want me to take this one?

**Hon. Eric Hoskins:** Sure, go ahead.

**Ms. Roselle Martino:** I'm not fully sighted on every aspect of the province. What I can say is that there is an increasing number of participating dentists in the program. The exact number in your riding, Madame Gélinas—I don't know that to heart. I can get that information.

But I will say there's an increasing number, and one of the reasons is the third-party administrator, because dentists were saying that they were getting burdened with the administrative aspects of dealing with certain clientele. So we've taken that away from the dentists. We've also instituted—the new program has a navigation program, which is really important. Health units are actually navigating and working with these clients to ensure they get to their appointments, to give them transportation money if they need it and to remind them that they need to go to these appointments. All of those things are making the service much easier for dentists to provide. So I know there's an increasing number of dentists participating in the program.

**M<sup>me</sup> France Gélinas:** None of them in the northeast, and that's not what I hear. What I hear is that the program doesn't pay enough. They get paid 40 cents on the dollar. Therefore, that's why they do the “We're all full,” unless you have a better dental plan.

**Hon. Eric Hoskins:** I'm optimistic that with the streamlining of the six programs into one, as we just



heard—it's certainly better for the patient. Access is a critical issue, of course, but patients and families only have to apply one time to a single program. It's the same eligibility. We made changes that public health asked for to accommodate what they felt were important elements that needed to be retained.

It was at my initiative that I created a discussion table with representatives of the Ontario Dental Association to discuss a number of issues that are important to this, including Healthy Smiles, and find ways we can make it work better. There's no doubt that it's taking the administrative burden away from dentists. I think that's part of the explanation of why there's a greater interest of dentists taking on this responsibility.

We're looking at a variety of issues, but certainly Healthy Smiles, from the provider's perspective, is one that we're looking at through this table I referenced.

**Dr. Bob Bell:** Minister, I can just give you a current add-on performance of the program.

Madame Gélinas, a total of 312,000 patients enrolled, and over the last two months, from January 1 to February 29, 2016, over 60,000 claims have been submitted, suggesting that probably up to a fifth of patients had obtained service within that time period of two months. So we are getting uptake. We don't have the data for Sudbury, but we are getting uptake across the province, with 20% of kids being seen in that two-month time period.

**M<sup>me</sup> France Gélinas:** Okay. I know that I talked about the 5% increase to the community health sector. Can I have a breakdown as to how this money was spent, as in where did it go—not necessarily geographically but what programs received money within that 5% increase to the community health sector?

**The Acting Chair (Ms. Catherine Fife):** Just so you know, we have two more minutes left in this cycle.

**Dr. Bob Bell:** The categories—while we're finding the absolute proportions, the categories are right here.

**Hon. Eric Hoskins:** I'll see if I can get this in under two minutes. The total for 2015-16 was \$264,200,000; \$113 million went into LHIN investments to support provincial and local priorities, it says. I can get into more details—

**M<sup>me</sup> France Gélinas:** Yes, do, because I already know that. That was in the press release. I want to know where it went.

**Hon. Eric Hoskins:** Expanding service capacity and reducing ALC pressures through such initiatives as Health Links, assess and restore, convalescent care beds and community paramedicine programs.

**M<sup>me</sup> France Gélinas:** Can I have the breakdown for each of those? As to the \$113 million, how much went to those five different programs?

**Hon. Eric Hoskins:** I can certainly speak to my ministry about that. The PSW wage enhancement—I just want to get this in if I can—\$77.8 million; comprehensive mental health and addictions strategy, \$37.5 million; other ministry initiatives adding up to \$35 million, including palliative care supports, a Youthdale centre day

treatment and 10-bed unit; supports to exceptional care clients and other mental health and addictions services; access to care initiatives to improve access to mental health care and reduce wait-times at the four specialized psychiatric hospitals; and aboriginal engagement initiatives, totalling \$264 million.

You've got time to spare.

1620

**M<sup>me</sup> France Gélinas:** You can read pretty fast. If you don't mind, if you could drill down as to how much money each of those got—

**Hon. Eric Hoskins:** Within?

**M<sup>me</sup> France Gélinas:** Within. That would be very helpful. Thank you.

**The Acting Chair (Ms. Catherine Fife):** Okay, thank you. We will now move to 30 minutes to the minister for a response.

**Mr. Han Dong:** Chair, could we take five minutes' recess?

**The Acting Chair (Ms. Catherine Fife):** The minister now has 30 minutes to respond, and then we go to the government side. You have 30 minutes.

**Hon. Eric Hoskins:** Do you want me to start while we're waiting for her to come back? I would be happy to talk for several minutes about the exceptional work that the associate minister is doing. And as the door mysteriously opens behind me—

**Hon. Dipika Damerla:** Perfect timing.

**Hon. Eric Hoskins:** There you go.

**Hon. Dipika Damerla:** Madam Chair, members of the committee and members of the public: Thank you again for the opportunity now to make some formal remarks. It is an honour for me to appear here along with Minister Eric Hoskins before this committee as Associate Minister of Health and Long-Term Care to speak about my responsibilities for long-term care and wellness. Today provides me with an opportunity to update the people of Ontario on the significant progress we are making.

Let me begin with long-term-care homes, because I know that's of special interest to both MPP Walker and MPP Gélinas. As outlined for this committee last fall, one of the priorities of my mandate is to strengthen accountability and transparency, especially of our long-term-care homes inspection system. Our government has made the safety, security and peace of mind of our seniors, their families and their caregivers our foremost priority.

That is why I would like speak first to the quality of care provided in long-term-care homes across the province. In Ontario today, there are approximately 78,000 residents in more than 630 long-term-care-homes. Our government is committed to ensuring that resident rights, safety, and quality of care are preserved by inspecting complaints, concerns, and critical incidents that may arise. We have transformed the inspection process to achieve a more accountable, consistent and transparent compliance inspection program that focuses on risk issues and resident care outcomes.

You may recall that in June of 2013 the government announced that every long-term-care home would receive a comprehensive annual inspection by the end of 2014, and every year thereafter. I am pleased to report that for the second consecutive year, we have met our commitment: Every home in the province has undergone a comprehensive inspection. That includes interviews with the residents and their families as well as staff; direct observations of how care is being delivered; and a thorough review of records such as individual care plans and progress reports. These inspections are centred on the needs of the residents and follow a consistent, objective and research-based approach, and, most importantly, these inspections are unannounced.

As MPP Gélinas may recall—you brought forward to me a complaint from one of the nursing homes in your riding. As it happened, that particular nursing home, a few weeks later, ended up having one of those unannounced inspections. So I think the system in this sense is working.

The inspectors ensure that all homes are in compliance with the Long-Term Care Homes Act, 2007, its regulations and associated agreements for long-term-care homes, and, where necessary, apply enforcement measures. Most importantly, and in keeping with our government's commitment to Ontarians, the process is transparent. Copies of inspection reports detailing any non-compliance findings are publicly posted in long-term-care homes and on the ministry's website. When it comes to transparency, in particular in terms of disclosing information on long-term-care homes, I do believe that Ontario is a leader. Our government is committed to ensuring that those Ontarians who need long-term care receive the best care possible as residents of our long-term-care homes.

The ministry, in conjunction with local health integration networks, continues to monitor the need for long-term-care-home beds throughout the province on an ongoing basis. Together, the ministry and the LHINs are currently examining future needs for long-term-care-home capacity and are planning accordingly.

I see that MPP Walker is taking notes. I expect a question on that at some point.

Our government's commitment to quality is also reflected in our funding commitments for long-term-care homes. That funding has doubled to \$4.05 billion in 2016-17 from \$2.1 billion in 2003-04.

As part of the 2016 budget, the ministry is increasing its investment in resident care needs by 2% a year over the next three years.

The 2016 budget also included an investment of an additional \$10 million annually in Behavioural Supports Ontario, or BSO. We all understand that as people age they are more prone to dementia and other complex behavioural and neurological conditions. It's something that the health care system grapples with every day. BSO is designed to help people with challenging and complex behaviours wherever they live, whether it be at home, in a long-term-care home or somewhere else.

Our government has enhanced, and continues to enhance, the amount and quality of care and services provided to residents of long-term-care homes.

Another priority of my mandate is to further strengthen our quality framework for the long-term-care sector, and I am particularly excited about the role of the Centres for Learning, Research and Innovation—CLRI—in long-term care in advancing this work. The CLRIs have been developed to enhance the quality of care in the long-term-care sector through education, research, innovation, evidence-based service delivery and design, and knowledge transfer. Ontario is the first Canadian jurisdiction to introduce centres focused on this critical mandate.

Three long-term-care-home Centres of Learning, Research and Innovation to enhance the quality of seniors' care in the province have been established: the Village at University Gates, in Waterloo; the Baycrest Centre for Geriatric Care and the Jewish Home for the Aged, in Toronto; and the Bruyère Research Institute, Saint-Louis Residence, in Ottawa.

I just wanted to say, MPP Walker and MPP Gélinas, if you haven't visited any of these, please do because it really is something that we, as Ontarians, can be really proud of. I think we're the only jurisdiction in Canada to have these Centres for Learning, Research and Innovation, which are established where the long-term-care home is. This is not academia, doing research outside of the practical work environment. It's very powerful. I've visited all three, and I would certainly urge you—because I know how passionate both of you are as critics of this file—to visit them.

With such an ambitious mandate, I am excited about the possibility of these centres to bring new insight in how to best care for seniors.

Although our focus remains on long-term care and ensuring that those Ontarians who need long-term care receive the best care possible as residents of our long-term-care homes, at the same time we also recognize that most Ontarians would prefer to remain at home for as long as possible. That is why our government continues to focus on investments in home and community care to ensure they can get the care they need as close to home as possible.

Using an integrated approach to capacity planning allows for the consideration of multiple options for care delivery to respond to the needs of a changing population and an assessment of associated impacts across the health care system.

Long-term-care-home redevelopment: Our government recognizes that Ontarians aren't going to be able to live at home forever. A time does come when some Ontarians need to move to a long-term-care home. That is why we have put a real emphasis on ensuring our long-term-care homes are exactly that: homes.

Ontarians deserve to live in a comfortable, safe and inviting environment. I am pleased to be able to tell you that our government has already made significant gains on this front over the last decade. We have created more



than 10,000 new long-term-care-home beds and redeveloped approximately 13,500 older long-term-care-home beds, but we recognize that more needs to be done to speed up the pace of redevelopment.

Due to the acuity of long-term-care-home residents, it is more important than ever that we invest in the continued safety and quality of care for residents by helping to bring all long-term-care homes in the province up to the most current design standards.

Chair, would you be able to give me some idea of how much time I have left?

**The Acting Chair (Ms. Catherine Fife):** You have 22 minutes.

1630

**Hon. Dipika Damerla:** Thank you.

In October of 2014, I announced that our government was moving forward with a multi-faceted strategy to accelerate the modernization of long-term-care homes in this province. This is a critical step in our government's goal of redeveloping more than 30,000 long-term-care home beds. We have indeed made a great deal of progress on the commitments found in our strategy.

Our first commitment to the people of Ontario was to create a dedicated project office to support the program within the ministry, and that is now done. There is now a single point of contact for long-term-care home operators, which is an immense help, as you can imagine, for long-term-care home providers in working with the ministry through a complex redevelopment process.

Our second commitment was to enhance the construction funding subsidy to better support the costs of redeveloping long-term-care homes. Again, we have done that. We increased the construction funding subsidy by up to \$4.73 per day per bed, and posted the new policy to our website in 2015. We have supported increases to preferred accommodation premiums and extended the maximum licence term from 25 years to 30 years for homes that redevelop to meet current design standards. We established a committee to review individual requests for variances from the existing design standards, so now when operators want to ask about design flexibility, we are in a position to consider their proposals.

Finally, our government has been actively encouraging the renewal of long-term-care homes. In fact, I have already announced the first of several redevelopment projects that our government has approved under the new strategy. Let me just give you a few examples of the announcements that I have made recently.

One was in Stouffville, Bloomington Cove Care Community, where more than 30 resident spaces will be redeveloped. I have had the pleasure of visiting Bloomington a few times, and what's remarkable about this particular long-term-care home is that 100% of the residents there have dementia. That just tells us how specialized the care in Bloomington Cove is and their expertise in that area, but also it gives us pause to recognize the acuity and the kind of residents that are increasingly living in our long-term-care homes. That speaks to, again, our increased investments of \$10 million a year, every year, for BSO.

Another example of a redevelopment that I recently announced was Faith Manor nursing home in Brampton, where they are redeveloping 120 resident spaces. Another one, closer to where MPP Gélinas is from, was in Iroquois Falls, South Centennial Manor, where more than 69 spaces will be redeveloped.

All of these redevelopments are intended to put the needs of residents first, to make the functioning of the home as efficient as possible while also creating a desirable workspace for the people who work there. Residents will benefit from an environment that is comfortable, aesthetically pleasing and as home-like as possible. There will be additional space for specialized programs like rehab and physiotherapy. Rooms will be more spacious and there will be a maximum of two residents per bedroom. Renovated homes will have better wheelchair access in bedrooms, bathrooms, showers and doorways, more air-conditioned areas, and accessible dining areas that provide a home-like atmosphere. Wherever possible, there will be more private work spaces for staff.

I am very excited to be announcing these projects because I know these enhancements are going to make a significant difference in the lives of residents. More of these announcements are on the way as more projects are approved under the strategy and we continue to evaluate the applications that have been submitted for consideration.

I do want to share a really positive experience that I had in Iroquois Falls. I've always said that it's really important for us to redevelop and modernize the long-term-care homes, but at the end of the day, a home becomes a home because of the people who live there and because of the front-line care providers who work there. I just wanted to share that when I was in Iroquois Falls, I was shown around the facility and they showed me a room which acts like a hospice space. What was remarkable was that that room had been designed, fundraised and built with the leadership of the staff over there. They took it upon themselves to say, "We need this special space." They researched it; they designed it. The community and the front-line workers and their families actually came and painted the room and built the furniture. You had to be there to really see the dedication and the investment that the staff has made over and above what might be expected of them. I think it's that spirit that really makes our long-term-care homes among the best, I believe, in the world and certainly makes it a privilege for me to serve as the associate minister responsible for long-term care.

I'd like to now spend some time on the other area that the Premier has asked me to focus on, and that is health and wellness initiatives.

I'd like to begin by speaking to some of the progress we are making with respect to health and wellness over the last year. We made several strides in our efforts to improve the health and wellness of Ontarians.

**Smoke-free Ontario:** Our government has been committed for many years now to achieve the lowest

smoking rate in Canada. Since 2005, Ontario has become an international leader in tobacco control because of our Smoke-Free Ontario Act. This year marks the 10th anniversary of our Smoke-Free Ontario Strategy.

Ontario is taking steps to protect Ontarians from the harmful effects of tobacco use, help more people quit smoking and ensure that young people don't get addicted. As I outlined to you last fall, we took an important step forward on this issue last year with the passing of the Making Healthier Choices Act, 2015. That act is playing an important role in empowering Ontarians to make the decisions that help them lead healthier lives and moving us even closer to a truly smoke-free Ontario.

As of January 1, 2016, the act:

- increased the maximum fines for youth-related sales offences;

- prohibited the sale of tobacco products containing flavouring, including menthol-flavoured tobacco;

- improved enforcement to address indoor use of tobacco in water-pipe bars and restaurants, expanded the seizure authority of SFOA inspectors, and updated the rights of entry for inspectors;

- clarified that it is prohibited to offer promotional items for sale with the purchase of tobacco; and

- expanded the government's power to make certain regulations under the Smoke-Free Ontario Act.

That work built on new regulations that took effect in January 2015 that make it more difficult for young people to purchase tobacco by prohibiting tobacco sales on post-secondary education campuses. The new regulations also prohibit smoking on bar and restaurant outdoor patios as well as on playgrounds, publicly owned sporting areas, spectator areas adjacent to sporting areas, and the 20 metres surrounding these areas.

Our government continues to take active steps to protect young people from the health risks and impacts of smoking.

We are also moving forward with regulating electronic cigarettes. As of January 1 of this year, we banned the sale and supply of electronic cigarettes to minors. We are also proposing changes that would regulate the use, sale, display and promotion of electronic cigarettes.

We know that children are more vulnerable to the harmful effects of second-hand smoke exposure, and studies show that young people are less likely to become regular smokers when living in areas with strong tobacco control regulations as compared to areas where regulations are weaker. That is why we are taking these necessary steps to better protect our children and all Ontarians.

It is also why, as part of the 2016 budget, our government increased the tobacco tax rate by \$3 per carton of 200 cigarettes. We will use \$5 million of the increased revenues from the tax in 2016-17 to enhance priority populations' access to smoking cessation services, no matter where they live in the province. This includes First Nations.

We are continuing to work on a new, innovative cessation strategy focusing on creating an inclusive and coordinated cessation system that meets the needs of On-

tario's tobacco users and their families, and the communities in which they live.

Our efforts to reduce smoking rates in Ontario are working. The smoking rate in Ontario fell from 24.5% in 2000 to 17.4% in 2014. That represents 408,000 fewer smokers, at a time when the population of Ontario continues to grow.

Our Smoke-Free Ontario Strategy continues to be an important piece of our Patients First: Action Plan for Health Care, and it continues to support the key objectives of the action plan through our efforts to provide the education, information and transparency Ontarians need to make the right decisions about their health. We believe that prevention is a critical piece of the puzzle in helping Ontarians stay healthy, and we are committed to ensuring that Ontarians, especially the youngest amongst us, have the information they need to make better choices about staying healthy.

#### 1640

But I also recognize that government is only one partner among many important stakeholders when it comes to ensuring that Ontario has among the lowest smoking rates in Canada and in the world. That is why, on the 10th anniversary of the smoke-free legislation, we are looking forward—and I hope all of you will join us. On May 31, we will be recognizing volunteers or anybody who has dedicated their lives or has done exceptional service to make Ontario smoke-free. We are calling them the Heather Crowe awards. That will be on May 31.

We did a province-wide blitz to get nominations. I really am pleased to say that we got a robust number of nominations from across the province. We're in the process now of going through and selecting the final winners. We really believe that this is a wonderful way, in the name of Heather Crowe, for all of us to be able to celebrate 10 years of smoke-free Ontario legislation and the giant strides that we have all made together—government and all of our key stakeholders. I'm really looking forward to celebrating this, and I look forward to your presence there as well.

In addition to smoking, another priority area for us is healthy eating. I'm just going to talk a little bit about our Healthy Kids Strategy. Another important piece of the Patients First Action Plan is our government's commitment to encourage physical activity and healthy eating through the Healthy Kids Strategy. Back in March 2013, the Healthy Kids Panel submitted its report, No Time to Wait: The Healthy Kids Strategy, to the Minister of Health and Long-Term Care. In response to the panel's recommendations, we launched Ontario's Healthy Kids Strategy, which takes a whole-child approach to healthy child/youth growth and development.

The Healthy Kids Strategy is focused on three pillars. The first pillar is ensuring children get a healthy start by supporting health before and during pregnancy, and during the early years, to build the foundation for a healthy childhood and beyond.

The second pillar is focused on healthy food, including initiatives to promote healthy eating, achieving healthy weights and healthy childhood development.



The final pillar speaks to having healthy, active communities and building healthy environments for kids in their communities.

The Healthy Kids Strategy is creating new health promotion and prevention programs and building on the ones we already have, to protect the health of our children and set the stage for improved longer-term health outcomes. A big part of our strategy is the Healthy Kids Community Challenge, which is designed to promote children's health by focusing on physical activity and healthy eating.

We know that healthy behaviours bring many benefits to our children, their families and communities. Just 60 minutes of daily physical activity helps children and youth to develop healthy bones, muscles and joints, healthy hearts and lungs, and better coordination. We know that children who are active, eat healthy foods and get enough sleep have higher self-esteem and lower levels of depression, anxiety and emotional distress. In short, they enjoy better overall mental health—and, may I add, what's good for kids is good for adults too.

Studies also show that children who lead healthier lives do better academically and socially in school. They're more self-confident and enjoy more successful social interactions and integration.

To help our children succeed, we felt it was really important to engage entire communities, along with families and individuals, to bring about behavioural change at the local level. That's what the Healthy Kids Community Challenge will help us to achieve. The Healthy Kids Community Challenge is mobilizing communities, families, schools, local businesses, health, recreation and other organizations to help our young people lead healthier lives. We asked communities to implement programs and initiatives in their communities that will inspire the kind of active, balanced lifestyle that our children and young people need. We did this because we felt that it was critical for our communities to play a role in this effort, because our children's future is a shared responsibility. More than 45 communities were selected to participate through the application process.

Late last summer and into last fall, we launched new programs as part of the Healthy Kids Community Challenge in communities across the province, from Windsor to Ottawa and from Kenora to Niagara. All of them were memorable, but there was one in Sudbury that was particularly memorable. The MPP for Sudbury, MPP Thibeault, may remember when the mayor of Sudbury took to—I think it was a giant slide that he went down. It would make for a really good photograph. It's interesting how adults sometimes forget to have fun. I think all of us took a turn on the playground, and that was a lot of fun.

These successful communities represent almost 40% of Ontario's population and include 36 municipalities and six aboriginal health access centres. I think that's really important for me to emphasize. I was really, really pleased at the response from the First Nations communities as to how important the Healthy Kids Community Challenge was for them and how well they

have embraced it. Again, Sudbury was among the places where the aboriginal community came together, along with other stakeholders, to partner.

Through the Healthy Kids Community Challenge and other measures we have introduced, our government has acted upon over half of the panel's recommendations. We enhanced the capacity of health practitioners via tools to support pre-conception and prenatal health and to help practitioners to address healthy weights with children, youth and their caregivers during pediatric visits.

We doubled the funding and reach of the Northern Fruit and Vegetable Program and the Healthy Eating and Active Living program for urban aboriginal and First Nations communities. Our Healthy Menu Choices Act, 2015, which received royal assent in May of last year, will make it easier for families to make informed and healthier food choices.

**The Acting Chair (Ms. Catherine Fife):** Associate Minister, you have four minutes left.

**Hon. Dipika Damerla:** Oh, thank you. That's very helpful, Chair.

Our government wants every parent, grandparent and family to know that we are committed to the health of our young people, and we are working hard with all of our dedicated municipal, provincial and other partners to help them live healthy as children and reach a healthy adulthood. It is all part of our commitment through the Patients First Action Plan to put people and patients first.

I do want to take a minute to also acknowledge our parliamentary assistants, who are over here, MPP Indira Naidoo-Harris and MPP John Fraser, who have been invaluable in their support to both Minister Hoskins and myself. I also want to give a shout-out to MPP Sophie Kiwala, who played a huge role, particularly during—I think that you led the committee on smoke-free Ontario when we were pushing the legislation through.

Thank you so much, actually, to all of you for all of the work that you do. I just wanted to make sure that we acknowledged that.

In conclusion, Madam Chair, I'm honoured to serve the people of Ontario in my role as associate minister with responsibilities for both long-term care and health promotion. I've always said they're almost like two bookends of the care system: On the one hand, we're talking health promotion; on the other hand, we're talking long-term care. It has been a real privilege.

I think that if you were to compare our notes from last year to this year, you would see—and I hope it will bear out in the questioning that will follow—that we've made significant progress over the last one year. Minister Hoskins, if I can borrow a phrase, sometimes we do a lot of things under the hood that don't always show up right away in terms of announcements, but I just have to say that we have been working in both long-term care as well as in health promotion; we've been doing a lot of things that are sort of behind the scenes and don't always make the headlines but I can honestly say will have a powerful and positive impact in the near term and, more importantly, in the medium term. I'm really privileged that

we've had the opportunity, along with Deputy Minister Bob Bell, to make these changes. I look forward to sharing more detail on that.

I don't know, Madam Chair, how I'm doing with time.

**The Acting Chair (Ms. Catherine Fife):** You have two minutes left.

**Hon. Dipika Damerla:** Okay. I don't think that I did enough justice to the issue of menu labelling, so I'm going to speak, in the last two minutes, on menu labelling.

Those of you who heard me speak before probably know that this is a topic that's near and dear to my heart. I am certainly looking forward to the day that we can have calories next to the latte or the Cinnabon or the muffin.

I have to say I was in Chicago over Christmas. It was really nice to be able to walk into a Starbucks—I guess it changes the lens, sometimes, with which you order something, because you now not only look at the flavour, but you start to look at the size, and you think, “Maybe I should go with the small, because the calories are fewer.”

1650

Context is everything. I used to be among those who used to be a regular Cinnabon eater. That used to be one of my weaknesses until I learned, to my horror, that one of those little vanilla types can pack 800 calories. If you go to the really fancy ones, some of them are at 2,000 calories. So it's been really useful, and I think it will be very useful for all of us to have that kind of information. I just wanted to—

*Interjection.*

**Hon. Dipika Damerla:** What's that?

**Mr. Glenn Thibeault:** I said that I'm still craving one right now.

**Hon. Dipika Damerla:** You're still craving one.

The last thing that I just wanted to say was that this morning, I was at a conference on the issue of healthy eating, and the question was, “Can we eat healthy in today's world?” I see the Chair is about to cut me off. If you will indulge me, Chair, there was an American speaker who presented there, and she said, “We often look to Canada to see what we ought to be doing when it comes to health promotion.” That was a real shout-out, because we often forget that we can also—

**The Acting Chair (Ms. Catherine Fife):** Thank you, Minister. Thank you for ruining the Cinnabon for all of us.

So I was mistaken. The next round of questioning goes to the PC Party. MPP Walker, you have 20 minutes.

**Mr. Bill Walker:** Associate Minister, I kind of thought that you would have given a bit of a shout-out to France and I for raising your profile at every opportunity to make sure that your cabinet members know how important your ministry is. I'll allow you that next time you talk. Maybe you could get us on the record with all of your colleagues.

**Hon. Dipika Damerla:** I will, indeed. I had to leave something for next time.

**Mr. Bill Walker:** You've talked about a lot of stuff in there. I'm going to go back to my notes in a minute, but

you did bring up a couple of different items in regard to long-term care. So I'm just going to do a quick one now, and we'll get back into this in much more detail at a later date.

You said you wanted “to strengthen accountability and transparency.” It was a quote that you used at the very start of your outlook. Yet, I've asked you numerous times for the plan to build those 30,000 beds and you haven't given me that plan. You haven't shared anything with where you were going to build the beds and the timeline, so it's a little tough to say “accountability and transparency” when you won't give me any of that information. I'm going to ask, once again, that you provide me with that as soon as possible so that we actually know that you do.

You contradicted yourself a little bit because at one point, and again I paraphrase, you said that the LHINs are exploring future needs, and yet we already know there's a waiting list of 24,000 people. You're exploring, but you say you have a plan. I'm not certain how you can be exploring and have a plan at the same time. If you didn't have a plan, where did you find that 30,000 or 35,000 number that you committed to over two different elections? So there are a lot of questions that I have in regard to that whole specific area.

You invited Ms. Gélinas and myself to tour facilities that you referenced. Perhaps an idea, so that we can actually truly collaborate, would be for you to extend an invitation when you're touring, so that we can go and be effective and efficient and actually work as a full government, as opposed to not getting invited. I'm going to put on the record here that some things happened in my riding that I didn't even get the courtesy of the minister letting me know about—not the health minister; I won't say that. We can all raise the civility of this place by doing those things and not just using hollow words of collaboration and working together, something as simple as inviting us when you're having some of you are announcements. Let us know ahead of time. We might not be so critical if you actually let us in on what the supposed plan is. I think there are some huge opportunities.

You talked about redeveloping and that you want real emphasis—you said 10,000 new beds and 13,500 redeveloped beds. Again, I struggle with—I'm not trying to be critical, but you haven't accomplished 30% of your initiative of the 30,000 beds, if I use the 13,500—slightly over—and yet you seem to be quite proud of that. I still don't see the plan, even though you know that there are 24,000 people on a waiting list, and that's going to double in six years. The Long Term Care Association has told you that. They have done their stats. They are experts in their field. Yet, we still, I don't believe, have a credible plan that you're going to actually get there, or a time frame to let those seniors—the baby boom demographic, as we all know—the time for studies is behind us. That's coming at us. We need to have credible, realistic and practical numbers that we can bank on.

You talked a lot about Bloomington, the 30 beds, and that's great. I applaud you for 30 beds, and it sounds very



specialized, but again, there are a lot of people out there who don't have a bed. There are a lot of people and families who are struggling because they don't have the ability to even know when they're going to get a bed. That adds stress for the whole family, which adds definitely to our health care system. This is one of the ones—ad nauseam, you probably think, I ask you this and challenge you on this, but it truly is the reality of what I face every day. I'm certain that France, Ms. Gélina, faces that, and I'm sure all of the members of the House do because it's not just specific to my riding or rural Ontario. This is across the board.

You said, "more on the way as part of the strategy," but I get confused because, again, you say you have a strategy and yet the LHINs are out studying and investigating. You're kind of talking both ways, and you confuse me when you say that. Either just tell me you don't have a strategy, you don't have a plan and you really don't have the numbers to do those 30,000 beds, and then we can maybe start from ground zero, or share with me that plan so I can try to help collaborate and get you further on that plan and expedite it.

Where is that plan? I don't know why this is so hard, when I ask for something that, to me, is pretty basic, that you won't share with us, and yet you use continually the words "accountability and transparency." I'm going to have a much more thorough and detailed questioning of those.

You talked a little bit about health and wellness, so I just want to get on the record that I believe through that whole process we asked you many times—not just myself but a number of members of the Legislature—why you're not doing anything with contraband. We all know that that is a big issue. If you walk into any of the ridings where contraband is available, that's where the kids are getting their cigarettes; that is where those youth are starting to smoke.

I have two boys, 18 and 21. Sadly, they're both smokers. It drives me absolutely crazy. It's the one thing I didn't want them to do in their life, and they do. A lot of where they access that, and where they tell me they access it, is from contraband cigarettes. You can buy a whole bag of them for eight bucks, and you're doing nothing tangible that I can see to even try to restrict that. There are more and more smoke shops starting up. They're prevalent. There's a lot of money going to a lot of negative things, and yet that is the one that's going to impact our system the most.

I'm a recreation director. I believe in the whole "stay healthy and eat the right foods," but that is going to cost our system and cost our youth and our society more than anything I believe that you can be doing.

Diabetic strips are one thing that you talked about. Certainly in my backyard I have two First Nations, and the incidence of diabetes is quite a bit higher in the First Nations population. And yet you cut, a couple of budgets ago, diabetic strips.

I'm, again, a believer in the preventative. If people aren't testing, if they actually don't have those and

they're making a choice—"Do I have the money to buy those strips," and they don't—then they end up in the emergency room, because they're not testing nearly as frequently. It baffles me that you have a preventative opportunity and yet you cut that funding. I still haven't received a rationalization of what the benefit of that was. If you had numbers again to prove to me that that was going to be beneficial—the people in my riding continually ask me why we can't get funding for those. They're telling me, "I don't test regularly because I can't afford to do it. I can't afford those strips."

I believe the diabetes association's issue or concern is that they call for public coverage to increase access to offloading devices, such as total contact casts, custom braces and orthoses to help treat diabetic foot ulcers and reduce the risk of amputation in people with the disease.

Their other issue is that they recommend that the Ontario government conduct a public awareness campaign to ensure people with diabetes are aware of OHIP-insured regular eye exams every 12 months for adults with diabetes aged 20 to 64. Again, that's a very proactive, preventative thing that you could be spending on, and it takes me to healthiness.

In my case, I'm trying to remember whether you actually froze the funding or you decreased the funding, but in a sparsely populated rural area, the key is actually education, awareness and promotion. I trust that what you may tell me, because I think I've already heard it before, is that some needed more money because they weren't keeping up and they weren't able to do as much. Well, by cutting in an area like ours where we don't have other resources around us, if you cut that out in Bruce-Grey-Owen Sound, there isn't another agency. You don't just walk down the street or take the subway to get to resource B, C, D, E and F. We have one resource. My public health officials have come to me and said, "Bill, I really don't understand this." They're doing great work. You have to educate. You have to raise the awareness, and they don't have the ability the same as you do in an urban centre, because they don't have access to all the things you have.

Again, it's a case of, for all of these types of things, I think there are lots of opportunity for more preventative, more proactive opportunity, and yet when I look at these—and I am critical of you—you're cutting out the preventative, the proactive that can have a huge ripple impact from a positive perspective. You demoralize, frankly, the people who are out on those front lines when they see those things happen and more money going into—in this case, I'm not saying there isn't need in the urban centres to have more, but not at the cost of areas like ours where we don't have enough resources to begin with.

You speak a fair bit about First Nations in most of your policy. I have two in my backyard, but you are still cutting and impacting them in a negative way with each one of these cuts. I struggle with that.

**1700**

I'm going to talk again, and I'm going to go back—also, I just want to make sure. I didn't know if you were

staying. I wanted to comment on some of the things that you have, and I'm going to go to some of what we've prepared as well.

So I'm going to go back again, if I could, to the minister. First and foremost is back to that Markdale hospital. I know that you're very supportive. I know personally that you and I have chatted. I don't think I gave you the opportunity to actually give an answer: Is there any opportunity to provide at least a date, coming forward, that we can go to the community and tell them that this is a reality and that it's going to happen? It doesn't have to be September 2, although if you would say that date, I'd be quite pleased to take that back tonight. But if you could give us—is it six months, is it eight months? I get that there's a process and it's being followed, but I think we also should be able to say, with all credibility, "Within the next eight months, we are going to be starting construction."

**Hon. Eric Hoskins:** If I can start with that—and you personally do know how committed I am to the Markdale hospital.

**Mr. Bill Walker:** I do.

**Hon. Eric Hoskins:** I think I made a bold statement a couple of years back when I said that the community would have an answer as to their request for a new hospital—their very legitimate request—before the leaves fell off the trees. I think there was a shockwave through the ministry when they saw me saying that publicly and it being reported in the news as such. But we met and actually beat that target. You understand, obviously, the process that needs to be gone through.

I do know that the ministry met with the CEO of the hospital one or two weeks ago. I raised this shortly after our conversation earlier this week with the ministry, or perhaps it was Friday or Thursday of last week—I think it was earlier this week—to have a better understanding of where we were in the process and if the necessary decisions and approvals were imminent.

I feel confident that this is a process that we're expediting as much as we can do, but making sure that we're doing it in a responsible fashion. I think that the next step on our side—is it not?—is that we've received a proposal, and I believe it's the functional proposal.

*Interjection.*

**Hon. Eric Hoskins:** I'm confident that we'll have greater clarity to the community very, very soon.

I believe that you appreciate as well the necessity of going through the various steps, as the community did when I went there to make the announcement within the time frame that I had committed to. I'm certainly doing everything I can within my responsibility for the province as minister, and in a responsible way, to see this project through.

I know that the community is so invested in this, and the leadership of the hospital and the board as well are working very closely with us.

**Mr. Bill Walker:** Yes, and I do want to echo that I do appreciate it. I have been watching from the sidelines and keeping in contact, so I do know there's a process I certainly appreciate.

It's just that I have the luxury of being able to talk to you in the House and get that, but the community doesn't always hear that from you, right? So it's just give me some firm—because they are getting pushback. The corporation went out a couple of weeks ago and had to get a recommitment from a municipality for funding, and they got a lot of pushback on the questioning and why the costs went so high.

Their mindset is that every day we wait, that cost keeps going up, and what is that impact to the taxpayer and what is the impact to them as the fundraising arm of it? So as I say, if we can just get something concrete—and, again, I appreciate the whole process, but even kind of a tentative, "Here's where we're planning. We're looking at the summer of, the July of." As I say, September 2 would be a much better date, in my mind, and I think we'd both be happy.

But I do appreciate everything that's going on. I just wanted to take the opportunity here to put it back on the record and gently thank you for what you're doing, and to just make sure that we can give that assurance to the community.

**Hon. Eric Hoskins:** I do believe that the ministry, together with the proponents in the community, are very close to the approval of the functional stage, which is a very critical element of being able to move forward with the capital investment. I'm confident that both parties are working very well together. My folks, particularly in the capital branch, know that probably more than just about any other hospital, I always talk about Markdale and ask for updates.

**Dr. Bob Bell:** Just to give you a sense, Mr. Walker, about the level of knowledge, we know, for example, that one of the discussions going on is the depth of the basement and elements related to those sorts of concrete concerns about what is going to be built on the site.

**Mr. Bill Walker:** Sure. Thank you.

The other one—and I spoke to the deputy minister as we came in about the South East Grey Community Health Centre. That's one that I think is actually a great thing. I've passed on the information. They've doubled their output. They have, I believe, the highest patient satisfaction record in the province. They have the lowest cost per patient to do that. They've doubled their output, but their funding has actually remained pretty stagnant. They've gone through the LHIN process. I don't believe they've been able to move forward to get any additional funding. I'm glad to hear that you're looking at some creative ways to be able to accommodate that. Again, I just wanted to put that on the record. That's one that I think is a good reflection of what we can do when we are creative, when we're innovative and when we actually serve the community to the best of our ability. Thank you very much.

**Hon. Eric Hoskins:** I hope you got the answer and clarity that you were looking for when you discussed it with the deputy.

**Mr. Bill Walker:** Well, we got most of it. It wasn't black and white, but we're getting there. Thank you very much.



I'm going to go back to my first line. I think I only had two minutes, and I don't know if I really ever asked a question. The transportation/communication costs for the Assistive Devices Program were more than four times the 2015-16 estimate. I just wanted to get a sense of what that reason was, what change didn't allow you to accomplish that goal you had set.

**Hon. Eric Hoskins:** In fact, that figure that's provided in the interim actuals for 2015-16, the figure of \$685,500, is quite consistent with previous years, and certainly the year previous. It doesn't so much represent an increase in expenditure as it does—the line item provided and the amount provided in the specific line for transportation and communication, I think historically as well, has been underrepresented. It has been under the actual that is spent. That particular line of transportation and communication is comprised of telephone costs, postage, printing and travel; as well, there's a component of "other."

That would be the answer I would give you. It doesn't represent so much an increase as it does—it's consistent with previous years. What it does point out, and it's not necessarily unique to this line, is that the estimate provided in the budget didn't accurately reflect what the likely expenditure might be over the course of the year.

**Mr. Bill Walker:** Minister, that's where I get confused. If you spend that much time on creating a budget and estimates, why wouldn't that be reflected, to be more accurate? Even a footnote saying, "This wasn't right for the last three years, but here it is"—because it certainly leads a guy like me to say, "Well, it's four times over." What's changed?

It's kind of fundamental to the way I think. You do a budget—I've done tons of budgets—and you set that as a guiding document. It doesn't have to be exact, but you typically want to know that you're pretty accurate, and you're only going to change it if there's a massive anomaly.

**Hon. Eric Hoskins:** I think in that year, in fact, there were anomalies. We're talking about a line item—in fact, all of the categories represent about 1% of the total budget of the ADP, and that one even less so; it's about one eighth of 1%. It's a very small number to begin with. I believe I'm correct that we made some changes to the ADP, because we're constantly reviewing not only our relationship with the providers but also the various elements of the eligibility for the products that are offered through ADP.

There was a significant investment in postage and printing that was required to be able to inform—I think we've got about 5,000; it's certainly in the thousands in terms of those both on the assessor side, but also those who provide the ADP equipment itself. We faced something similar as well under the services line, where there was an additional investment.

It's sometimes difficult. Because of the nature of the review process, it may be difficult to predict in that line item that there may be a surge in that, which is unique and the result of an anomaly or something specific to that—

**The Acting Chair (Ms. Catherine Fife):** Sorry, Minister. Mr. Walker, you still have two minutes left.

**Mr. Bill Walker:** Thank you. The other one is very near and dear to my heart. Port Elgin native and London resident Jeff Preston, who has been in the media, has had extraneous challenges with his wheelchair. It's supposed to be replaced in five years. He's now into his seventh or eighth year; I can't remember which one now. It took him nine months just to get an assessment.

**1710**

This is a young man who has fought every challenge in his life. He's an amazing young man. He's actually a professor at London Fanshawe College. I just provide some context of that one: Every day, he wakes up wondering, "Is this going to be the day I lose my independence because that chair breaks?" It's unacceptable that someone has to go through that on a day-to-day basis—numerous cases. You cut \$20 million from the Assistive Devices Program. My challenge is that there are actually a lot of people out there—there are going to be more and more challenges with technology. Many of the actual pieces of equipment are becoming more expensive. I find it interesting that we would cut \$20 million from the Assistive Devices Program when we know that need is out there, particularly when there are real-life situations like Jeff's. Waiting that long for a wheelchair is just unacceptable.

**The Acting Chair (Ms. Catherine Fife):** You have one minute.

**Hon. Eric Hoskins:** In fact, we didn't decrease the funding for ADP. The increase to the base for that fiscal year that we referenced is a \$14.3-million base adjustment increase. That's probably all I have time for, but I'm happy to continue. So we've got a bit of time?

**The Acting Chair (Ms. Catherine Fife):** There's 30 seconds.

**Hon. Eric Hoskins:** Okay. On the wheelchair, I was trying to understand if it's the assessment side or the repair side, because we have about 5,000 individuals or entities around the province who participate in the assessment of individuals for eligibility—5,000 of them, and they are health care professionals in the entities that they work for. Then there's the other side, which perhaps is what you're referring to, which is the maintenance and repair—

**Mr. Bill Walker:** No, it was just the assessment: nine months just to get it assessed.

**The Acting Chair (Ms. Catherine Fife):** Okay. That question will have to wait for the next round. The NDP, Madame Gélinas: You have 20 minutes.

**M<sup>me</sup> France Gélinas:** Thank you. Although I'm very interested in this question, I will switch topics. My first one was on primary care, so this next one will be on long-term care. I was interested in your statement that the amount of care has been increasing yearly. Do you keep track of the average number of hours of hands-on care that the ministry funds in our long-term care homes?

**Hon. Dipika Damerla:** Thank you, Madame Gélinas, for the question. I'd like to begin by—yes, it was remiss

of me to not have formally acknowledged the great service that both of the critics to the health care portfolio bring and the vast knowledge and, frankly, your advocacy as well. So thank you so much.

**Mr. Bill Walker:** My pleasure.

**M<sup>me</sup> France Gélinas:** You're welcome.

**Hon. Dipika Damerla:** One of the things that you may have noticed is that long-term care is definitely one of the items that, in budget after budget, consistently we have increased funding. As you know, we measure the acuity of every resident who comes into a long-term-care home. Then you aggregate all of that and you get something called a case mix index, the CMI, of a long-term-care home. I know you're very familiar with that. That is the basis on which we fund a long-term-care home. Typically, if your acuity or your case mix index is going up, you can expect to see an increase in funding. Should it be stable or if the acuity decreases—which is, of course, I would admit, very, very rare—then that funding would follow that way.

I think we do, in that sense, track because we measure the acuity of each individual resident who comes in and then we periodically reassess them. I believe the act requires an assessment every six months of the resident. That is really taken into consideration as we fund homes.

I'm going to ask the deputy minister: Do we actually collect the issue around hours of care?

**Dr. Bob Bell:** Yes, we do. If we look at the average hours of direct care per resident, day paid hours, and we look at the years 2008 to 2014, we can see that the direct hours of care per resident day have increased from 3.16 hours in 2008 to 3.48 hours in 2014. The average funding in the NPC and PSS envelope that pays for care: Funding per CMI unit has also gone up over the last few years, since I've been looking at it, which is another way of measuring direct care per unit of acuity. So we do measure it; it is increasing.

**Hon. Dipika Damerla:** If I may just add something, and that is, sometimes the devil is in the details. For instance, I learned recently that when we measure hours of care, the hours of care that are provided by somebody like a physician isn't counted. So if you were to add that—so, you know, I wouldn't get too caught up in that exact number because a lot of it also depends on—for example, we are not capturing the hours of direct care that a physician might come and spend at the bedside of a long-term-care resident, just as an example.

**Dr. Bob Bell:** The other thing to say just in terms of funding increases over that same period of the 2012 to 2016-17 estimates—a 9% increase in the budget for those budget lines, so over 2% per year.

**M<sup>me</sup> France Gélinas:** Deputy, I'm interested—we go from 3.16 hours of hands-on care in 2008 to 3.48 hours of hands-on care in 2014. The way you do your calculation: You take the NPC, the PSS and make that the equivalent in hours, and then divide it by the number of residents. Is this as simple as that, or is there other—

**Dr. Bob Bell:** As you know, we actually do an accounting for the number of worked hours of the various

classes of health professionals that provide care as well. If we look at NPC, we would have data on RN staff, registered practical nursing staff and personal support worker staff. We get estimates based on the number of worked hours for all of those categories, divided by the number of residents, to get those figures for each one of those care categories.

**M<sup>me</sup> France Gélinas:** I'm glad you say this, because then I will ask: Could you share that with me? What is the number of hours of RNs, RPNs and PSWs that make up the 3.48 hours for 2014? I wouldn't mind, if you have it for 2015, if you could also share that with me. I would ask that you share that with me in a way that is either per home, or, if I could not have this per home, then I would ask by category of home, where home for the aged, charitable homes, private long-term-care, private nursing home and not-for-profit nursing homes would be separated into four categories.

**Hon. Dipika Damerla:** If I can just answer on that: Thank you for that. What I will do is, I will see if we can get back to you on that.

**M<sup>me</sup> France Gélinas:** Okay. From what you've said, Deputy, we have the work hours from the RNs, the RPNs, and the PSWs for nursing and personal care. What do you do with the PSS envelope before you go on to your 3.48 hours of care?

**Dr. Bob Bell:** We also look at the total worked hours for PSS staff, recreational therapists, physiotherapists, occupational therapists, etc., and divide that by the number of resident days that are being provided by those paid hours of work.

**M<sup>me</sup> France Gélinas:** Then I would ask for those numbers that you have for recreational therapists, physiotherapists, occupational therapists and others that make up the PSS envelope. If you can give that to me attached to the dollars, you will get a star. If you don't, I will figure it out by myself, but I would much prefer to have it with the dollar amount. Again, if it can be separated by home for the aged, etc.

**Hon. Dipika Damerla:** Once again, we'll take that back and see what we can do with that.

**M<sup>me</sup> France Gélinas:** Okay. That's much, much appreciated.

The former Minister of Health had said that she would make the staffing information by long-term-care home public on the Ministry of Health website. This has not happened, and it has not been talked about very much. It's not something that costs an awful lot, but it's something that is of value to families who are trying to decide which home they would like to put their loved ones in. Has there been any more thought given to that promise that was made by the previous Minister of Health?

**Hon. Dipika Damerla:** I'll have to go back and check on that, but I did want to take the opportunity to tell you that, as a ministry, we do believe that transparency is key. I believe that very shortly we are relaunching a revamped website, particularly around long-term care, that will give a lot more information, particularly around inspection



information, which is another very critical piece of information as families look to which home they would like to put their loved ones in. We believe it's a win-win because it's transparent. It would actually give you information on the last inspection, how many written notifications there were and how many compliance orders there were by home, for example, which allows families to get that information that is really critical.

1720

I also think that going transparent with that helps the entire sector to look at what their peers are doing and brings everybody's standards up. So we're really, really excited about that. We look forward to launching that website and we'll definitely let you know once we do that.

**M<sup>me</sup> France Gélinas:** Sounds good.

We know that the wait-list for placement into long-term care stands at about 24,000 people. Can I have the list as to how many people are on the wait-list per CCAC?

**Hon. Dipika Damerla:** Actually, Madame Gélinas, that information should be available online, because each of the CCACs does report their wait times. We can take that back as well and see what we can do.

**M<sup>me</sup> France Gélinas:** They report their wait time, not their wait-list.

**Hon. Dipika Damerla:** Again, we'll take that back and see what we can get back to you, but relevant information on wait times would be available by CCAC.

**M<sup>me</sup> France Gélinas:** Okay. Here again, an idea of the number of beds—because they keep changing as to how many beds are in charitable, not-for-profit, long-term care etc., the four types of long-term-care homes—so that I know how many beds are left in each of those four categories. And when you do this, what do you do with municipal homes for the aged that have subcontracted the running of the homes to a for-profit agency? How do you report that?

**Hon. Dipika Damerla:** My understanding is that whether a home is considered in the for-profit sector or a municipally run home really depends on who the main operator is. I know what you're talking about is who they subcontract to, but the classification is based on whether it's a municipal home.

For example, municipal homes don't need licences, as you probably know. You need licences to run a long-term-care home if you're a for-profit provider, but if you happen to be a municipal home you don't need licences, just as an example. So we would categorize it mainly dependent on who the key operator is and not the subcontractor.

**M<sup>me</sup> France Gélinas:** Okay. Do you know how many homes for the aged are being subcontracted to for-profit companies? Do you know how many beds fall within that?

**Hon. Dipika Damerla:** I would have to go back and check. What I can tell you is that all three categories—the for-profit, the not-for-profit and the municipal homes—are critical. I think having all three operating in the long-term-care sector is really, really useful because

each brings certain strengths to the sector, and together, I believe that makes the sector more robust. So we welcome the participation of all.

**M<sup>me</sup> France Gélinas:** You've talked about bed redevelopment. I would be curious to see where the beds are that are presently being redeveloped, if you could share that with me. How many are we talking about that are presently being redeveloped?

I'm also curious about the 75 nurse practitioners that were announced. Are we at 75 right now in long-term care?

**Hon. Dipika Damerla:** All along, it was a phased implementation. We announced 75 in all, but we also announced that phase 1 would be 30, and then we would roll out another 30 and then finally get to 75. My understanding is that work is well under way for the first 30. A number of them have been hired; a number of them are in the process of being hired. Simultaneously, we are again starting to think about the second tranche as well. So phase 1 is being implemented—the first 30 nurse practitioners.

**M<sup>me</sup> France Gélinas:** I would be interested to find out how much money has been spent on nurse practitioners in long-term care out of whatever number has been hired and are in positions right now.

**Hon. Dipika Damerla:** Again, we'll go back and check and see what we can get back to you on that information.

**M<sup>me</sup> France Gélinas:** So the idea is that—I thought the 30 should have been in place by March of this year and the next 30 should have started on April 1 of this year. Am I wrong?

**Hon. Dipika Damerla:** I can give you an update. I can confirm that 11 positions have been hired and 19 are completing the recruitment process. The 11 hired are serving in 14 long-term-care homes. As you can imagine, it's a highly qualified position that homes are recruiting for, and sometimes you want to make sure that you get the fit right. I think the process is well under way, and we'll go back and see what we can get back to you in terms of how much of the funding has been drawn down. We'll go back and see what we can do in terms of getting back to you.

**M<sup>me</sup> France Gélinas:** Is this a set amount that every long-term-care home gets to hire a nurse practitioner? Does every one of them get \$100,000, or do some get more, some get less?

**Hon. Dipika Damerla:** I believe we have set aside a budget for each nurse practitioner—it's per position.

**M<sup>me</sup> France Gélinas:** And how much is the budget per position?

**Hon. Dipika Damerla:** I believe it's \$114,000 and change.

**M<sup>me</sup> France Gélinas:** Okay.

**Hon. Dipika Damerla:** And in addition to that we also give some overhead in terms of administering, HR and things like that.

**M<sup>me</sup> France Gélinas:** What percentage do you give for overhead?

**Hon. Dipika Damerla:** We'll get back to you on that.

**M<sup>me</sup> France Gélinas:** Okay. So of the 30 positions, 11 have been hired. Does the ministry specify the kind of hiring arrangements: As in do they become employees of long-term-care homes or are they self-contracted NPs who offer services to—

**Hon. Dipika Damerla:** Deputy, do you want to answer?

**Dr. Bob Bell:** Yes, thanks. I understand that we provide the money to the LHINs and it's up to the LHINs and the long-term-care home to determine what the best hiring practice is for the individual situation. I would imagine most of them become employees of the long-term-care homes.

**M<sup>me</sup> France Gélinas:** I would beg to differ. Right now, part of the reason why you don't have that much of a pickup for this is that the nurse practitioners are being offered contracts without benefits: "No, you're not an employee; you're a self-employed contractor that offers services to long-term care," without benefits, without vacations.

**Dr. Bob Bell:** I'm told that even if they are independent contractors—as you know there are some advantages to being independent contractors that professionals want to pursue, but even if that's the case, there is money provided for benefits.

**M<sup>me</sup> France Gélinas:** Okay. Well, I would turn that around and say that the nurse practitioners would like to be employees with benefits, pension plans and vacations, and that's not what's being offered to them—just to put it out there.

I am all for having nurse practitioners in long-term-care homes. I think it could be a good fit. I wish they would roll out quicker. Certainly the amount of money, at \$114,000, is way more than any primary care could ever hope to offer at this point. The lack of uptake seems to be that they don't have a choice to become employees; they have to become self-employed.

**Hon. Dipika Damerla:** If I can just say that I have every confidence that we will be rolling this out. I think with tranche one there were some lessons learned as well that will help us with tranche two and tranche three. That was one of the reasons we did the phased implementation. I'm very hopeful. We've already hired 11, and the others will fall into place.

**M<sup>me</sup> France Gélinas:** If you could get back to me on this, I would appreciate it.

**Hon. Dipika Damerla:** We'll see what we can get back to you on. Thank you.

**M<sup>me</sup> France Gélinas:** I want to talk a little bit about the food per diem. Right now, it stands at \$8.03 as far as—

**The Acting Chair (Ms. Catherine Fife):** Madame Gélinas, you have two minutes.

**M<sup>me</sup> France Gélinas:** Okay. Is it going up this year?

**Hon. Dipika Damerla:** It is going up, yes.

**M<sup>me</sup> France Gélinas:** To?

**Hon. Dipika Damerla:** I believe it's—what's the percentage increase? Perhaps someone will give me the figure. I think it's going up by 30 cents?

*Interjections.*

1730

**M<sup>me</sup> France Gélinas:** As soon as you find that out, if you could let me know. I'm also interested in the "other accommodation" line. How much is "other accommodation" going up by this year?

**Hon. Dipika Damerla:** Overall, I can tell you that nursing care is going up by 2%. We'll see what we can do about getting back to you with a breakdown. We'll see what we can get back to you with on that.

**M<sup>me</sup> France Gélinas:** Okay.

**Dr. Bob Bell:** Madame Gélinas, our expectation is—as you know, food CPI this year is higher than CPI in general. We anticipate that food CPI would be the methodology for calculating the raw food allocation,

**M<sup>me</sup> France Gélinas:** Once this is confirmed, could you let the researcher know? And the same thing with the "other accommodation" line: How much is this line going to go up this year?

**Hon. Dipika Damerla:** We'll see what we can get back to you with.

**M<sup>me</sup> France Gélinas:** Thank you. I take it I'm done?

**The Acting Chair (Ms. Catherine Fife):** Yes. Okay, thank you. We now have 20 minutes for the government side. Mr. Thibeault.

**Mr. Glenn Thibeault:** Thank you, Chair. Just to confirm, you said I have 20 minutes, not 30, right? Twenty minutes?

**The Acting Chair (Ms. Catherine Fife):** You have 20.

**Mr. Glenn Thibeault:** Thank you, Chair.

First off, I want to thank the ministers and the deputy minister for being here today and sitting here with us and answering these questions.

I also think it's important right now to put on the record that I would like to publicly thank both ministers and the deputy minister for your staff, who do great work for all of us as MPPs. Usually when we're calling, we're calling with some sort of crisis or some sort of emergency. Your staff do a great job in helping us address that, and do a great job representing you and the ministry and the government. I just thought it would be important, while a lot of them are in this room, to say thank you for the work they do.

I also think it's important to put on the record—and I think my colleague from Nickel Belt, Madame Gélinas, would agree with me—that not all dentists in Sudbury are grumpy, Scrooge-type people, and that many of them do provide services in the Healthy Smiles program.

*Interjection.*

**Mr. Glenn Thibeault:** Yes, 79. I know Dr. Roch St-Aubin has talked with us. He is the ODA rep from the Sudbury area. The ODA is working with the ministry on trying to address some of the concerns they have. I think no system is perfect, and it's great that there is always that open dialogue there.

I believe, if I got my numbers correctly, approximately 312,000 kids are using that program, and with the way it has now been streamlined, it's 70,000 more kids. When we made the announcement in Sudbury, we had a family



there, a woman, a single mom, who was talking about how her five kids have accessed that program, so it's great. I just thought it paramount that I mention that, because my neighbour is a dentist, and the next time he has a very sharp, pointy thing in my mouth, I wanted to make sure that we acknowledged that dentists are actually involved in this program.

Many of you watched as I limped in here. I'm just recently coming off some reconstructive knee surgery. It was a massive undertaking. I don't want to get into all of the details, but it was a high tibial osteotomy, for those who are doctors, who want to know what that is. What's great about my quick experience in the health care system was that I went into the hospital and I showed my health card—I didn't have to show my credit card—and I think that's something that every MPP in this room would be extremely proud of.

We have great doctors in Sudbury. Dr. Kevan Saidi was my surgeon. He's a rock star. I'm thrilled with the recovery. I think it's important, if we look at all the great doctors—we have Kevan Saidi, Dr. Tubin and Dr. Robinson, just in the ortho piece. Dr. Hourtovenko is a cardiologist in Sudbury. Let's recognize that they're part of this new group that has come to Sudbury, that's part of Ontario.

What are the stats? Since 2003, the number of doctors in Ontario has increased by over 5,600. That's an over 26% increase in doctors that we've seen in Ontario. I think it's paramount for us to recognize what this government has been doing to invest in making sure that we have doctors in communities like Sudbury and throughout northern Ontario, northeastern Ontario and right across our great province.

Besides my own health issues that I'm talking about here—not that we're here to listen to all of my health issues—my daughters were born in the health system here—well, no, hang on. My oldest daughter was born in British Columbia, in North Vancouver, but we moved back—born and raised in Sudbury—two weeks after she was born.

I come from a very unique situation. I was born in 1969. My mother was 44 and my dad was 56. My mother, in her wanting to get out to see my first daughter born in British Columbia, had an aneurysm on her aorta. While getting her tests done, something happened and she had a stroke. So all of a sudden, we realized that it was important for us to move back home because we wanted my daughter to be able to learn and experience the extended family and all of those other things.

My father was 56 years old, as I mentioned. His friends used to joke that he was the only guy they knew who was collecting Old Age Security and a baby bonus at the same time, because he was 65 and I was nine. For most of my life, I had my parents at many of my events, at my sporting events, because they were retired.

As young man—I was nine, 10—or a young boy at that time and then as a teenager, going through that whole process of now having older siblings and seeing uncles and aunts having to go through the process of

what are they going to do; are they going to stay in their home; are they going to go into long-term care? I had that unique perspective.

If we go back to when my mother had her aneurysm and then the stroke, my dad was, if I recall his age, 93 when this happened. If you understand 93-year-olds, if you ever have that opportunity of having a father who is 93, they're pretty stubborn. One of the things that we were very fortunate to have in Sudbury was the CCAC offering services to come in and provide and help my mother. My father said, "No, no, no, no. That's my job."

It's a different perspective of trying to see how we can ensure that our parents recognize that there is help there when you need it, if you ask for it. We've set up systems within our government to ensure that our older population can actually get the supports that they need when they need them.

I lost my mum in 2009. She was at Health Sciences North on the fourth floor in the palliative section of the hospital. The nurses there were phenomenal. I'm very honoured to be able to put this on the record today: Health Sciences North's nurses were phenomenal, and we thank them for that.

Again, talking about the number of nurses that we have brought forward as a government: Since 2003, we've seen that number rise by 13.9%, from 49.5% in 2003 to 63.4% in 2015. That is a significant number.

The irony of the fourth floor for me is that my dad passed away last year at 101. I'm sad, because you lose your father, but 101, that's a pretty good run; right? How many of us would like to be able to say that we could make it to 101?

But he lived in his house with my sisters up until five months before he passed away. Remember the commercial with the Hair Club—not that I'm talking about my own hair—"Not only am I the president, I'm also a member"? It was the same thing for me.

Not only was I an MPP, having to deal with long-term care and some of the issues that revolve around that—we all agree that there are things going on with long-term care. Not only was I living that as an MPP, but I was also living it as a son, sitting down with the individuals there, saying, "I would like my father to get this type of care. How do we make this happen?"

It was a difficult process to go through, as any family would have to go through, but knowing that there were services there and that we didn't have to panic—if a place opened up where we wanted to send my father, we could send him there. That place, unfortunately, didn't go up and my dad passed, as I said, on the fourth floor at HSN with these quality nurses, again, who just did great things.

I know that I've painted a big story here—I've talked a lot and I've done a long story—but I thought it was important to share that, because I think when we go around this room and we think about our roles as politicians, we all have a role to play and we're all talking about our policies, but we're all trying to do the right thing. I think we need to get past sometimes all of the partisanship that

happens and look at this as sons, daughters, brothers and sisters.

1740

I have—oh my God, I'm going to get in trouble, but some of my sisters are going to be 65 soon, and they're starting to think about their long-term care. They're all 29, but yes, some of them might be 65 soon.

I guess, Ministers, if I can put the question: Our population is aging, and we've got more and more Ontarians who may need to rely on the care provided by one of our hospitals or the specialized treatment of a long-term-care facility. We all expect that our parents and our grandparents will get that highest level of care possible at the right time and in the right place. Minister, could you provide this committee with an update on the plan to ensure that our health system is able to meet the needs of our parents and of our grandparents, both now and in the future?

**Dr. Bob Bell:** On the question of capacity planning, would it be reasonable for ADM Patrick Dicerni to answer that question?

**Mr. Glenn Thibeault:** Sure. That'd be fine. Thank you.

**Dr. Bob Bell:** Wonderful. Is that okay, Minister? Would you like to start off?

**Hon. Dipika Damerla:** Yes. Thank you, MPP Thibeault, for putting a personal context, because health care, at the end of the day, is about touching people's lives. I think we get that, the minister gets that, the Premier gets that, and that's why we keep saying "the right care at the right time in the right place." It's got to be appropriate care, whether it's acute care or whether it's long-term care.

One of the bigger issues facing us obviously, particularly with an aging demographic, is: Do we have the right configuration of care, the right balance between primary care, acute care and long-term care today and 10 years or 20 years from now? I'm really pleased to tell the committee here that, indeed, work is taking place on that. I can honestly say that Ontario is now a leader when it comes to—we are doing a system-wide capacity plan.

I want to directly address MPP Walker on this issue. The number of long-term-care beds, X, depends on how much I'm investing in community care, right? It depends on how much we're investing in assisted living. They don't function independently. So when you say "capacity planning," I think we can all agree that we have to plan the entire system. You can't plan one in isolation, because each impacts the other.

On the other hand, we don't want to get paralyzed by the idea that, "Oh, we have to plan the whole system and boil the whole ocean in one go," because that's not possible either. What we have done at the Ministry of Health under the guidance of both Minister Hoskins, myself and Deputy Bell is that we have, for the first time in a long time, a province-wide capacity planning initiative and we have a capacity planning division, and ADM Patrick Dicerni will be speaking to it. He leads that.

We have started some really, I would say, important work around capacity planning across the system, but as we said earlier, you have to start somewhere. So one of the areas of focus is indeed long-term care. But keeping in mind that this isn't as simple as saying "X number of long-term-care beds," because that X depends on—

**Mr. Bill Walker:** I didn't say it; you did.

**Hon. Dipika Damerla:** I'm just making the argument that it depends on Y amount of home care, for instance. It's a very sophisticated, very complicated subject, but an important one. I just wanted to reassure everybody that work is ongoing.

I'd like to invite Patrick to come and give us more detail on what we are working on.

**The Acting Chair (Ms. Catherine Fife):** Could you please—once you get settled down—introduce yourself to the committee, with your title as well?

**Mr. Patrick Dicerni:** My name is Patrick Dicerni. I'm the assistant deputy minister of the strategic policy and planning branch within the Ministry of Health and Long-Term Care.

MPP Thibeault, thank you very much for your question. Building off the remarks of Associate Minister Damerla—

**The Acting Chair (Ms. Catherine Fife):** Would you mind speaking just a little closer to the mike? Thank you.

**Mr. Patrick Dicerni:** No problem. Is that better? Great. I was making some notes to myself during your personal story and anecdote, and thank you for sharing. It speaks to the need, and this is what the minister touched on, of ensuring that we have the right care at the right time in the right place for our family, our loved ones or our friends when they need it and pivoting that to looking forward in the Ministry of Health over the next 10, 15, 20 or 25 years to make sure that we have that right service mix and model of care ready for the future. That's why the Ministry of Health, about a year ago now, stepped into a process that we're calling capacity planning.

Let me step back and explain how we arrived at the need for that and how we're framing it, because capacity planning, as we've gone on this journey over the last eight months or so, can mean a lot of different things to different people. Depending on how we define it, it's about bricks and mortar, it's about the right health force mix and it's about service interventions and models of care changes.

Capacity planning is the process of understanding what the demand across the system is to ensure that we have the right supply to meet it. As I mentioned, that's everything from the people to the bricks and mortar to health care interventions.

In a health care context, capacity planning is the process of understanding what our population health needs are going to be and designing a system to meet those needs, as I said, going out until about 2040 as we're looking at our planning horizon.

The work is to make sure that we align our policy, our funding decisions and our supply that I mentioned across the health care system with the needs of the population,



or the demand side. To begin this process, we must define what our population health needs are, and this includes demographic characteristics that provide insight into how the population differs on the basis of age, geography, socioeconomic level and culture.

Trends in demographics—for example, age, income, education, physical activity, nutrition—gives us a good sense of enhancing our understanding of what the overall health of the population is, including the types of health conditions we're going to see in the future or that are prevalent around the corner.

These demographic trends allow us, by extension, to estimate what the future overall health of the Ontario population is going to be, as well as getting into even level of detail around prevalence of certain health conditions and how we need to plan for our system around that.

For the purposes of capacity planning, the overall health and prevalence of various health conditions in the population are referred to, in my area of the ministry, as what our population health needs are.

A provincial framework that supports consistency and innovation in approaches to capacity planning will consider four main elements that I'll talk to the committee about today.

The first is the question of access: A person-centred health care system needs to look at the needs of Ontarians regardless of whether or if they're accessing the current health system as we know it.

Next is an improved understanding of population health needs at the provincial, regional and local levels for now and into the future.

I'll speak a little bit about the work that our LHINs is doing currently in this space. It's about an alignment of capacity planning activities across the health care system, focusing on common objectives and supporting province-wide and community profiles. As I mentioned, the ministry has stepped into this space over the last while. Our LHINs have been actively doing this for their own local geographies for a while, and it was time that the ministry put a provincial lens on that—not to step on top of or duplicate the work that was going on within our local health integration networks but to really complement it and provide a provincial-level focus to it.

The last element is models of care: multiple approaches to health care delivery, including alternative innovative approaches to model of care and creating a system that's flexible and nimble enough to accommodate those innovations going forward into the future.

This framework is intended to provide planners all over the ministry in local—

**The Acting Chair (Ms. Catherine Fife):** You have two minutes.

**Mr. Patrick Dicerni:** I'll hustle along. Let me just skip ahead to a couple of tangible elements.

There are three tangible activities that are going on with respect to capacity planning right now. First is some work that we're doing with partners in the health care system, like CIHI and like the Institute for Clinical

Evaluative Sciences—ICES—that is really drilling down on giving us some population health-needs models for different cohorts within the health care system. This ties into a second piece of work—and the minister touched on this. We are frontloading or starting this work with the cohort that is destined for long-term-care or continuing care needs. When we get a sense of what the care needs are of that cohort, we can start planning for alternative service delivery that isn't confined necessarily to long-term-care homes but is keeping people successful for longer periods of time within their home, which, as you shared, MPP Thibault, is where your folks wanted to have their care and where they were the most comfortable. It's about keeping those people as successful in their homes for as long as possible.

**1750**

The second element that I wanted to talk about is what we're calling a proof of concept, specifically in the dementia space. Our deputy challenged us to take dementia capacity planning on as one of the early disease states or issues, just because of the complexity that represents, the prevalence that is increasing and the fact that this touches on multiple elements of the health care system. If we can do a better job and a better job in the future of planning for those experiencing dementia, some of the other areas that we'll move to after should be, relatively speaking, more simple than treating and appropriately planning for care for this cohort.

**The Acting Chair (Ms. Catherine Fife):** Thank you very much. I'm sorry, but your time has elapsed.

Mr. Walker, you have the remainder of the time in this cycle.

**Mr. Bill Walker:** Thank you very much, Madam Chair.

**The Acting Chair (Ms. Catherine Fife):** Do you have questions for him?

**Mr. Bill Walker:** I may have questions. I want to just finish up on one last question before the time runs out.

Minister, you shared with me that you actually added \$14 million to the assistive devices. On page 117 of the estimates book, when I look at interim actuals from 2015-16, \$483,784,000, and your estimate of \$464,128,200, that shows me a \$19,655,800 decrease than the actuals from last year. I'm just trying to figure out the math here.

My question, obviously, that I have is: Why would you be cutting that funding to this valuable program, putting more vulnerable Ontarians at risk, when your actuals show what you spent last year?

**Dr. Bob Bell:** Thank you. Just give us a second, Mr. Walker, if you would.

**Mr. Bill Walker:** While you're looking, I'll just share with you, as well: Jeff Preston had a nine-month wait just to get his wheelchair, which should have been replaced two years ago, assessed. He was, frankly, terrified that it was going to fall apart, and he was going to be bedridden and possibly lose his employment for nine months. There's no disputing this. This is an absolute true fact. He's from Port Elgin. He lives in London. He went to

one of the members and didn't get anywhere. That's why he finally reached out to me and members of my caucus. Thankfully, after us putting some pressure on, he was able to get into the queue and he did get an assessment, so that's great news. But for nine months, every day he woke up—

**Hon. Eric Hoskins:** I'm happy to address the situation of this particular individual you've referenced. The information we have was that when he was assessed by the occupational therapist on April 25 of this year, in fact his wheelchair was assessed to be functional at that time of assessment by the occupational therapist. Nonetheless, my understanding is that due to the age of the wheelchair, he was deemed to be eligible for a replacement.

Forgive me, I suspect you have a much better understanding than I do, but what I've been informed of is that his wheelchair and his particular circumstances are quite unique and complex. For example, the replacement of his wheelchair—even just to mould the seat required for his specialized wheelchair, just the moulding of the seat is a procedure that requires five weeks to undertake the manufacture and the moulding of it. But he was and has been provided with an interim loaner wheelchair during this interim period, if you will.

My understanding was that, because often with our assessors and for maintenance, repair and replacement, for example, there is a prioritization in terms of the degree of urgency. When his wheelchair was assessed, the information that I have is that it was assessed to be functional, but due to the age of the wheelchair he was eligible for a replacement, but due to the complexity of his situation and the wheelchair, there is a longer time period than would normally be anticipated because of, for example, the sorts of issues that I referenced with regard to the time it would take to mould the seat of the chair itself.

**Mr. Bill Walker:** I appreciate what you've done once he got into the queue, but what we're missing here—I believe the words that the associate minister used were “right care, right time, right place.” A nine-month wait for an assessment to happen cannot, I don't think, be acceptable to you to be the right time, the right place, the right care.

These people are vulnerable. They need that. If it had broken, I'm sure he would have gotten good service, but he lived in fear for nine months. Nine months is not an acceptable time when it's something you have to have.

**Hon. Eric Hoskins:** Thank you for reminding me of that. We have over 5,000 assessors, health care professionals, who are available across the province. They make every effort to be able to see individuals promptly. In fact, within the contracts or agreements with those who maintain and repair our wheelchairs, there's a requirement that a loaner wheelchair is offered. But there are also specific circumstances where, due to the complexity of the apparatus itself—and there may be a more limited number of assessors, individuals or entities that can repair and maintain certain unique wheelchairs—there may be a difference in terms of the ability to access

that limited number of those individuals who would have sufficient expertise to look at unique circumstances.

**Mr. Bill Walker:** I would concur, but I can't imagine that you're going to agree that nine months just to get assessed is an acceptable time period when it's his only form of being mobile. That has to be improved.

**Dr. Bob Bell:** Minister, could I draw back to the question of \$11 million?

**Hon. Eric Hoskins:** Yes.

**Dr. Bob Bell:** If we look at estimates 2015-16 to estimates 2016-17, Mr. Walker, there is an incremental allocation of \$11,800,000. You're looking at Q3 interim actuals from 2015-16 and doing a comparison across those lines. Just to let you know, the incremental funding is related to our estimates around the inclusion of grants for colostomy supplies being increased over the next year, as well as the utilization for some services to increase. We're also looking at other services that could be affected during the 2016-17 year in terms of eligibility for services. We've got a number of issues, looking at appropriateness for various elements that are supplied through the ADP, under review at present. Remembering also that the interim actuals are rarely exactly what we have in terms of the actuals for the complete fiscal year, these are estimates provided at Q3.

**Mr. Bill Walker:** Can you clarify for me, then, is it truly a \$14-million increase in that overall Assistive Devices Program from last year to this year?

**Dr. Bob Bell:** If we compare the 2015-16 estimates to—

**Mr. Bill Walker:** Actuals. I don't really care about estimates; I want to know the actuals. What did you spend in 2015-16 and how much are you going to spend in 2016-17?

**Dr. Bob Bell:** At the time of the preparation of these materials, we wouldn't have the 2015-16 actuals even completed at the time of the development of the estimates for 2016-17.

**Mr. Bill Walker:** So how can you tell me you're adding an additional \$14 million, then, if you don't know what last year's final was?

**Dr. Bob Bell:** What we're doing, of course, is estimate to estimate. Budget to budget is what we're talking about—

**Mr. Bill Walker:** Are you then saying there's a \$14-million increase from estimate to estimate?

**Dr. Bob Bell:** I'm saying there's an \$11,800,000 increase in this line, as you can see on page 117 of the estimates book.

**Mr. Bill Walker:** Okay. Thank you.

**The Acting Chair (Ms. Catherine Fife):** We have one minute left. I don't know if you would like to use that time, MPP Walker.

**Mr. Bill Walker:** Yes. It's back to your capacity planning. I agree that you need to do that, and there are all kinds of complexities, but I still struggle with how you came out somewhere and said “30,000 beds.” Did you never need 30,000 beds? You can give me all the spin, but there are people who do not have a bed who



need a bed. You said—not me, your government said—that 30,000 beds was what you were going to build. I trust you based that on fact and what you knew you had to do. You're trying to spin this so that now, you're going out and doing some other stuff and it's complex. I get all of that, but why did you say 30,000? And if you don't really have 30,000 as a need, why don't you retract it?

**Hon. Dipika Damerla:** Do I have time to answer this?

**The Acting Chair (Ms. Catherine Fife):** You unfortunately don't. Mr. Walker has the last word.

I would like to thank both ministers, the associate minister and the multiple staff who spent the afternoon here. Thank you very much for being here.

This committee stands adjourned. We will reconvene on Tuesday, May 17, at 9 a.m.

*The committee adjourned at 1800.*











## CONTENTS

Wednesday 11 May 2016

Ministry of Health and Long-Term Care.....	E-883
Hon. Eric Hoskins	
Hon. Dipika Damerla	
Dr. Bob Bell	
Ms. Roselle Martino	
Mr. Patrick Dicerni	

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## Assemblée législative de l'Ontario

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# Official Report of Debates (Hansard)

Tuesday 17 May 2016

# Journal des débats (Hansard)

Mardi 17 mai 2016

## Standing Committee on Estimates

Ministry of Aboriginal Affairs

## Comité permanent des budgets des dépenses

Ministère des Affaires autochtones



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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATES

Tuesday 17 May 2016

COMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Mardi 17 mai 2016

*The committee met at 0902 in room 151.***The Clerk of the Committee (Mr. Eric Rennie):**

Good morning, honourable members. As Clerk of the Committee, it is my duty to call upon you to elect an Acting Chair for this morning's meeting, since neither our Chair or Vice-Chair are present.

I remind members that, pursuant to standing order 117(b), the Chair of the Standing Committee on Estimates shall be a member of a recognized party in opposition to the government.

Are there any nominations for Acting Chair? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I'd like to nominate the one and only Michael Mantha.

**The Clerk of the Committee (Mr. Eric Rennie):**

Madame Gélinas has nominated Mr. Mantha. Mr. Mantha, do you accept the nomination?

**Mr. Michael Mantha:** I accept.

**The Clerk of the Committee (Mr. Eric Rennie):**

Are there any further nominations? Seeing none, I declare the nominations closed and Mr. Mantha elected Acting Chair of the committee.

Mr. Mantha, could you please come to assume the Chair?

## MINISTRY OF ABORIGINAL AFFAIRS

**The Acting Chair (Mr. Michael Mantha):** Good morning, everyone. I'm sorry that you don't have a Chair or a Vice-Chair. You're stuck with me this morning.

The committee is about to begin consideration of the estimates of the Ministry of Aboriginal Affairs for a total of 15 hours.

As we have some new members, a new ministry and a new minister before the committee, I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for members of the Legislature to determine if the government is spending money appropriately, wisely and effectively in the delivery of the services intended.

I would also like to remind everyone that the estimates process has always worked well with a give-and-take approach. On one hand, members of the committee take care to keep their questions relevant to the estimates of the ministry, and the ministry, for its part, demonstrates openness in providing information requested by the committee.

As Chair, I tend to allow members to ask a wide range of questions pertaining to the estimates before the committee, to ensure that they are confident the ministry will spend those dollars appropriately.

In the past, members have asked questions about the delivery of similar programs in previous fiscal years, about the policy framework that supports a ministry approach to a problem or to service delivery, or about the competence of a ministry to spend the money wisely and efficiently. However, it must be noted that the onus is on the member asking the question to make the questioning relevant to the estimates under consideration.

The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust that the deputy minister has made arrangements to have the hearings closely monitored with respect to questions raised, so that the ministry can respond accordingly. If you wish, you may, at the end of your appearance, verify the questions and issues being tracked by the research officer.

Are there any questions before we start? Hearing none, I am now required to call vote 2001 of the estimates, which sets the review process in motion.

We will begin with a statement of not more than 30 minutes by the minister, followed by statements of up to 30 minutes by the official opposition and 30 minutes by the third party. Then, the minister will have 30 minutes for a reply. The remaining time will be apportioned equally amongst the three parties.

Minister, the floor is yours.

**Hon. David Zimmer:** Well, thank you very much, Mr. Chair, and thank you, committee members.

I do want to acknowledge Toronto as the sacred gathering place for many indigenous peoples of Turtle Island. I do want to recognize the very long history and very significant contributions of First Nations, Métis and Inuit peoples.

I am very happy to be here with Deputy Minister Richardson. Aboriginal and indigenous affairs are top and centre of everyone's mind. I'd like to thank the committee and its members for this opportunity to speak about the estimates of the Ministry of Aboriginal Affairs. Joining me today are a number of senior staff from the ministry; together, we all look forward to answering your questions and making sure that the next 15 hours are productive and informative.

But before I go any further, I am going to ask Deputy Minister Richardson to introduce the other people from



the Ministry of Aboriginal Affairs who are with me and with you to support your inquiries. Deputy?

**Ms. Deborah Richardson:** Good morning. With us here today are the three assistant deputy ministers at aboriginal affairs. We have Assistant Deputy Minister Alison Pilla—

**The Acting Chair (Mr. Michael Mantha):** For the record, could you please introduce yourself?

**Ms. Deborah Richardson:** Oh, certainly. Good morning. I'm Deborah Richardson, the deputy minister of aboriginal affairs.

To my left, we have Assistant Deputy Minister Alison Pilla from the strategic policy and planning and direction branch. We have Assistant Deputy Minister Hillary Thatcher to the far left of the table, who is the assistant deputy minister of the relationships and ministry partnerships division. We also have Assistant Deputy Minister David Didluck just behind me. We also have our CAO, Paula Reid, and the director of finance, and the minister has some of his staff here.

**Hon. David Zimmer:** On the public service side and from my office on the political side: Blair Ostrom, legislative assistant; Adrienne Lipsey, senior policy adviser; and Scott Cavan, who is the communications adviser.

What we would like to do today is to share with you the Ministry of Aboriginal Affairs' success—and we do look on it as a success—in helping indigenous Ontarians seize new opportunities and to meet the challenges that First Nations, Métis, Inuit and our urban indigenous communities face.

As a government, we have a mandate—I have a mandate letter—to ensure that indigenous people have greater opportunities to fully participate in the workforce and the economy, thereby reaching their full potential. The Ministry of Aboriginal Affairs and our ministry partners have taken many steps to close the gaps in health, education, justice, housing and more.

0910

I am very proud of the work that the Ministry of Aboriginal Affairs has done. The public servants at the Ministry of Aboriginal Affairs are proud of that work, and our political staff are proud of the work that we have done. We have used a very small budget of our ministry to improve the quality of life in all of Ontario's diverse indigenous communities.

In the past year, the Ministry of Aboriginal Affairs has continued to make strides in building stronger relationships with our indigenous partners, supporting indigenous economic development, ending violence against indigenous women and promoting greater understanding of our shared history and moving forward on land claims here in Ontario.

Our successes would not have been possible without the strong relationships we have built and continue to build between Ontario and its indigenous partners. These relationships are critical. They provide us an opportunity to incorporate indigenous voices and indigenous perspectives into the development of our policy and into the resolution of various outstanding issues, not only because

it is the right thing to do, but because policies and programs that are developed in concert with indigenous partners always prove to be more effective and long-lasting. These new policies and programs, created in partnership, are an effective way to spend all of our dollars.

I am proud of the relationships that the ministry has fostered, and I believe they provide us a strong foundation on which we can move forward. Our strong relationships help us to have difficult and frank conversations, they help us to turn challenges into opportunities and they help us down the path of healing and reconciliation. It's an honest relationship, and it has to be that, in order to progress.

I believe my ministry has done much to advance reconciliation, and I am excited to share with you today a few specifics about what we do and what we have achieved.

Let me say a few words about truth and reconciliation.

As you may be aware, the one-year anniversary of the Truth and Reconciliation Commission's release of its 94 calls to action is at the end of this month. The commission focused on reconciliation, and over the course of the closing ceremonies, Canadians bore witness to a dark period in our history—a history that went unacknowledged for more than a century. Many of us, if not most of us, in the non-aboriginal community are now finally coming to grips with it.

The commissioners, the Premier, the Chief Justice of the Supreme Court of Canada and so many others exposed this dark chapter to generations of Canadians who were unaware of our colonial past and the legacy of state-sanctioned abuse and assimilation. Those closing ceremonies, together with the commission's concluding statements and reading of the calls to action, were painful. They were moving.

The Truth and Reconciliation Commission's report, and the spotlight it continues to shine on our painful shared history, also gives us an opportunity to make a real difference in the lives of people. The final report's call to action presents a plan for reconciliation that includes remembrance, actions to close gaps in outcomes, building culturally sensitive and community-based services, and working in partnership with First Nation, Inuit and Métis peoples. Ontario has made it a priority to act on these calls to action and to walk the path to reconciliation, not merely the talk to reconciliation.

My ministry has reviewed the final report and has begun work with our partners to respond to the commission's recommendations. In some cases, we have already begun to implement some of the TRC's calls to action—for example, by introducing mandatory indigenous cultural competency and anti-racism training for every employee in the Ontario public service. By "every employee," I mean from the receptionist to the back-office worker, all the way up to the deputy minister and including the political staffs of our office.

Premier Wynne announced this mandatory training at an indigenous cultural competency event for OPS employees and others this past February. The new training

will help provide public servants with the context they need for understanding social disparities and inequities, and introduce tools that will help them enhance services to indigenous peoples and promote stronger relationships with our indigenous partners. Once trained, public servants will be in a better position to work with indigenous partners, advance the process of reconciliation with indigenous communities, and make a real difference in the lives of First Nations, Inuit, and Métis people.

We will work with indigenous partners to ensure the cultural competency training is relevant and appropriate. We are in the process of seeking their advice on this issue.

This is just the beginning. In the coming weeks and months ahead, we look forward to informing the public about how Ontario will take further action and respond to the Truth and Reconciliation Commission's recommendations.

Let me say a few words about economic development. The Truth and Reconciliation Commission of Canada stated that the legacy of residential schools has resulted in significant educational and income disparities between indigenous peoples and other Canadians. We know that more can be done for indigenous people in Ontario, who experience poverty at a disproportionate rate compared to non-indigenous people. As you may be aware, the unemployment rate for indigenous people in Ontario is about twice that of non-indigenous Ontarians and can be much, much higher in our remote First Nation communities in the Far North.

The average annual income of an on-reserve First Nation population is about \$20,000 and the annual off-reserve income is about \$33,000. Both of these figures are significantly lower than the average annual income of the non-indigenous population, which is about \$45,000.

To increase indigenous economic development, we are supporting a dynamic and innovative business climate that will help indigenous communities succeed. An early initiative was the launch of the New Relationship Fund in 2008. This funding allows indigenous communities and organizations to engage in consultation with governments and industry on a host of resource-based economic development activities. It will provide increased economic development and skills-training opportunities.

In March of this year I was pleased to announce the Green Investment Fund, which will help communities plan and source out new economic opportunities, like those provided by Ontario's future cap-and-trade program. I believe this investment will have a profound effect on the future of the economic development of indigenous communities. The Green Investment Fund will also help indigenous communities prepare for climate change by assisting First Nation communities in developing adaptation plans and by supporting a northern Ontario climate change impact study.

We've also committed \$25 million over three years to the Aboriginal Economic Development Fund. This fund supports indigenous communities in the development and implementation of a long-term economic strategy that

will contribute to the diversification of indigenous economies.

This fund will also address key barriers faced by indigenous business and indigenous entrepreneurs by providing grants and loans for indigenous businesses and improved access to financing and skills training.

As we all know, support for skills training is critical to economic development. Skills training will help us ensure that indigenous youth and adults have the opportunity to succeed and fully participate in the workforce and the economy. Investing in our indigenous peoples and supporting economic development is one of the many steps on Ontario's journey of healing and reconciliation with indigenous people.

#### 0920

Let me say a few words about a very difficult issue: violence against aboriginal women and girls. One of the things that the work of the Truth and Reconciliation Commission teaches us is that, while the abuse suffered by indigenous children at residential schools may have ended, indigenous women and girls in particular continue to be at risk of higher rates of violence and abuse.

Wherever indigenous women live, they experience greater rates of domestic violence, assault, homicide and sexual exploitation. This violence echoes through generations, leading to poverty, social isolation, insecurity and a host of other social problems.

The circumstances may be different, the perpetrators may be different, but we must apply the lessons learned from residential schools and embrace the spirit of the Truth and Reconciliation Commission. This will guide the efforts we take to eliminate violence against indigenous women and girls.

We are truly pleased that the new federal government has called for a National Inquiry into Missing and Murdered Indigenous Women to understand the roots of, and find the solutions to, this ongoing tragedy.

The Ministry of Aboriginal Affairs has made formal recommendations to the Honourable Carolyn Bennett, the federal Minister of Indigenous and Northern Affairs, on this issue. We want a trilateral table with Canada, Ontario and indigenous leadership to be convened as soon as possible to identify and implement solutions. We also want federal support for a pan-Canadian public awareness program to show the value of and respect due to indigenous women.

Federal leadership on this issue is critical to address this tragedy, but Ontario is not going to wait to take action. In February 2016, the Ontario government released *Walking Together: Ontario's Long-Term Strategy to End Violence Against Indigenous Women*, and we committed \$100 million over three years in funding to support its implementation.

If any of you don't have a copy of the program, I urge you—this is the program. It's widely available. You should read it and think about the issues discussed and raised in it.

The strategy outlines actions to prevent violence against indigenous women and reduce its impact on



youth, families and communities. It builds on the work of existing indigenous partners, community organizations and government to:

- (1) Raise awareness of and prevent violence.
- (2) Provide more effective programs and community services that reflect the priorities of indigenous leaders and communities.
- (3) Improve socioeconomic conditions that support healing within indigenous communities.

This strategy also incorporates a number of the Truth and Reconciliation Commission's Calls to Action. It is one of many steps on Ontario's journey of healing and reconciliation with First Nation, Inuit and Métis peoples.

Let me say a few words about relationship building. It is critical to all that we do. Ontario's Long-Term Strategy to End Violence Against Indigenous Women would not have been possible without indigenous partners and the progress we made together through the joint working group. The joint working group is proof in action of the value of our relationship with indigenous peoples and the value of relationship building.

The Ministry of Aboriginal Affairs values the advice and guidance of our partners when it comes to addressing challenging issues like violence against indigenous women. We rely on our partners to infuse the policies and programs we create with indigenous voices and perspectives.

My ministry knows that in order to have strong relationships, we must meet with indigenous partners and deal with the issues head on in a frank, truthful and honest way. For example, my ministry signed a memorandum of understanding with the Mushkegowuk tribal council in November 2015. Through this MOU, we have been able to discuss mutual priorities, including governance, consultation, resource benefits sharing and economic development. The MOU and the discussions following the MOU are an example of our commitment to building and maintaining strong relationships with our indigenous partners.

My ministry has also worked closely with the Ministry of Children and Youth Services, as well as First Nations, Métis, Inuit and urban indigenous partners to develop an Aboriginal Children and Youth Strategy. This strategy seeks to improve outcomes and opportunities for indigenous children and youth by transforming the way services are designed and delivered. I want to emphasize the word "transforming."

To support the development and implementation of the strategy, three leadership round tables were convened to facilitate engagement with indigenous partners. I've had the pleasure of attending many, if not all, of these round table sessions, including the Inuit Leadership Roundtable that took place just yesterday here in Toronto. It is through our relationships and face-to-face meetings that we hear the diverse perspectives and we are able to take synchronized steps to build prosperous and healthy communities.

Let me say now a few words about the First Nations-Ontario political accord, a significant document. These

formalized relationships do not just exist on a community-to-community basis. As you may recall, in August 2015 we signed a historic political accord—the first in decades. It was signed with our First Nation partners, including Ontario Regional Chief Day and the First Nations Political Confederacy.

All of the signatories to that accord agreed that this new political accord presents a renewal of the relationship between First Nations and Ontario and is an important step in the ongoing revitalization of First Nation communities. It is an opportunity to move forward together in a spirit of respectful coexistence and make a real difference in the lives of indigenous people across this province.

The accord is also important because it does recognize First Nations' inherent right to self-government and commits the parties to joint discussions on common priorities. These common priorities include the treaty relationship itself, resource benefits and revenue sharing, and jurisdictional matters involving First Nations and Ontario.

Discussions on jurisdiction and self-government are aimed at building a common understanding of the roles and responsibilities of all parties, and finding practical ways to create real opportunities for First Nations through the strength of our partnership. Ontario's growth depends on renewing the historic partnerships that we have with indigenous communities.

Let me now say a few words about treaty strategy. To renew our historic partnerships, we also have to have an understanding of our shared history. Treaties are an important part of this history. They are the foundation of the development of this country and they created rights and responsibilities for Canada, for Ontario and for First Nations.

Ontario is unique in Canada for the number and the variety of treaties, with 46 treaties and land purchases covering most of this province. They are relevant today. This is very important: They are not just agreements that exist in the past without any effect or importance today. They are just as relevant today as they were when they were signed.

While the Truth and Reconciliation Commission was able to shed light on the history of residential schools, most Ontarians remain in the dark about the history and the meaning of treaties. A better understanding of treaties is critical to unlock the potential of this land and its people. That's why, in 2014, the government committed to a treaty strategy to generate conversations on our treaty relationships and to build greater awareness and understanding of our different perspectives and histories.

**0930**

To increase awareness and understanding of treaties, we have launched the social media campaign #TreatyON, which has created widespread interest on Twitter and Facebook. My ministry also worked with First Nations to revise the Ontario public school curriculum to include information about residential schools and survivors.

We distributed a First Nations and treaties map to every school in Ontario. That's about 5,200 or 5,300

elementary and high schools. Approximately 11,000 copies of the treaties map have been distributed to the schools and to other institutions and persons. The idea here is to increase awareness of the important role that treaties continue to play in our lives.

What happens is that people receive a copy of this map. It's the size of that flat-screen—larger than that—with the 133 First Nations listed, the reserves colour-coded, and the 46 treaties colour-coded. What it does is it generates a conversation: "What does that map mean?" From there, it leads into a fuller discussion of the various issues that I've been speaking about so far.

**The Acting Chair (Mr. Michael Mantha):** Minister, you have five minutes remaining.

**Hon. David Zimmer:** Thank you.

This is the first treaties map of Ontario that has been published since the 1940s. As we speak, my ministry is discussing a potential provincial treaties recognition week that would build public awareness about agreements made by our ancestors to live together on this land.

A word about land claims: My ministry has also made significant progress on strengthening our relationships by resolving land claims. In the spirit of reconciliation, we are working to resolve land claims in a timely manner. The ministry has met its public commitment to reach a decision on new land claims within three years of receipt of a completed land claim submission. We have also met our commitment to settle six land claims in four years.

Ontario's total number of claims is 64: Eight are in research and assessment, 47 are in negotiations, and nine settlement agreements have been implemented.

Since 2003, Ontario has settled 18 land claims and land-related matters involving the transfer of 58,000 acres of land to Canada, to be added to First Nation reserves, and compensation packages totalling \$121 million. Since 2003, we have settled land claims at twice the rate as before.

In January of this year, Ontario and the Chapeau Ojibwe First Nation initialled the final agreement for the First Nation's treaty land entitlement claim under the terms of Treaty 9.

In March of this year, I signed the settlement agreement for the Chapeau Cree land entitlement claim with the Minister of Natural Resources. This claim involves the transfer of 4,000 hectares of crown land near Chapeau, to be set aside as reserve lands. This settlement agreement is now with Canada, awaiting their signature and the execution of the agreement by the federal minister.

The Ministry of Aboriginal Affairs was also pleased that the federal government and the Chippewas of Kettle and Stony Point signed an agreement this month to return Camp Ipperwash, a former military base built on land appropriated in 1942. It was returned to the First Nation.

It should also be noted that an agreement was signed in 2009 to return the land of Ipperwash Provincial Park to the Chippewas of Kettle and Stony Point. Ontario has completed a land use, infrastructure and risk report in support of this transfer process. The final trilateral land

transfer agreement is undergoing review before it is signed off by all parties.

In conclusion, I hope that my opening statement has provided the members of the committee some insight into the challenges that we're facing and the steps that we are taking to meet those challenges.

The progress of the ministry and First Nation, Métis and Inuit partners has been made in supporting this changing relationship. We could not have made these strides without the foundation of strong relationships; I continue to stress that. I hope I have shown that these achievements and relationships have set us up to take the next necessary steps on our journey towards healing and reconciliation.

As I mentioned earlier, I am looking forward to sharing with you in the coming days our plans for the future. I thank you for the opportunity. I welcome your questions, which I'm sure will be interesting and informative, over the next 15 hours.

**The Acting Chair (Mr. Michael Mantha):** Thank you, Minister, for pointing out the amount of time you're going to be sitting in that hot seat.

I'll turn it over to Mr. Norm Miller from the official opposition.

**Mr. Norm Miller:** Good morning, Minister and staff. It wasn't too long ago that we were here doing the same thing in the estimates committee, although I believe you weren't here. Your deputy reminded me that it was last fall, last November, that we were going through the same process.

I guess my first question is—this was a government choice. The opposition parties get to pick some ministries and the third party. This was the government's choice. Why did you want to come back for 15 hours at the estimates committee?

**Hon. David Zimmer:** I hope it was more than apparent in my remarks that our Premier, our cabinet, our caucus, our government and I expect all of our legislators—members from both official parties—to see the need to move in a positive way on our relationship with our indigenous peoples. You only have to open print media, turn on any electronic media that you desire, have any conversation around the workplace or in the grocery store or whatever; I would argue that indigenous issues are at the top of the public mind now.

There is a broad recognition that the relationship has to be changed in a better way. You see that in federal conversations, you see that in provincial conversations among all the provinces and territories, you see that in discussions in the op-ed pages and the business papers and you hear about it in an even stronger way from the indigenous communities themselves. We are all anxious for change in a good way, and we all recognize that change not only will happen but has to happen.

Hence, I'm happy to be here with the team for 15 hours.

**Mr. Norm Miller:** I don't know. The way you've talked about the 15 hours in your opening, I'm not sure how sincere you are. But I do agree—



**Hon. David Zimmer:** We are sincere.

**Mr. Norm Miller:** Okay. I do agree that positive change is absolutely necessary, so we'll get into some specifics, starting with: Your ministry had a press release back in October 2014 with regard to the Remote Electrification Readiness Program, preparing remote First Nation communities for grid connection. It was October 27, 2014, from the Ministry of Aboriginal Affairs. It talks about how "Ontario is helping to prepare remote First Nation communities in northwestern Ontario for future connection to the province's electricity grid.

"The Remote Electrification Readiness Program will support the development of community readiness plans. These plans will help eligible communities identify opportunities for job-specific training, relevant health programs, business innovation mentoring and economic development supports.

"Connecting remote First Nations to the province's electricity grid was identified as a priority under Ontario's Long-Term Energy Plan. This initiative supports strong and healthy communities by:

"—Reducing barriers to growth.

"—Increasing economic development opportunities, including participation in the work to join the grid, new business initiatives made possible by greater access to grid-connected power and the potential to invest in future feed-in tariff projects.

"—Improving social and living conditions for residents.

"—Providing cleaner air and reduced greenhouse gas emissions.

"—Reducing the likelihood of diesel fuel leaks and spills."

It goes on:

"This initiative will help to fight climate change by reducing greenhouse gas emissions. In addition, connecting up to 21 diesel-reliant First Nations could result in savings of about \$1 billion over the next 40 years compared to continuing"—and there's a quote from you in that press release as well.

My question: Under the long-term energy plan, this government claimed that connecting remote First Nation communities to Ontario's electricity grid was a priority. Since the plan was released in December 2013, how many remote First Nation communities have been connected to the provincial grid?

**Hon. David Zimmer:** Thank you. This is a very important issue, the remote First Nations and the fact that they're not on the grid and rely on diesel. Just by way of background, there are 25 First Nation communities that are forced to rely on diesel power for energy generation. It's not fair that those First Nations rely on dirty diesel, if you will. It's not economic that diesel fuel has to be transferred up there. It's then put into generators, it's burned in generators and it gives off all of the bad things that we don't need in an environment.

0940

Ontario's long-term energy plan has noted a strong economic case for connecting 21 of those 25 First Nation

communities with transmission and distribution lines, but there are a couple that are so removed—for instance, Fort Severn, which is way at the top end of James Bay, is just too far to connect to the grid.

Connecting remote First Nation communities to Ontario's transmission system is a priority for Ontario. This will support continued investments in clean and reliable energy for remote First Nations that are now dependent on diesel to manage their electricity needs.

Our government has launched the Remote Electrification Readiness Program. We launched that through the Ministry of Aboriginal Affairs formally on October 27, 2014, so that's about five or six months ago now. Over the three-year life of the Remote Electrification Readiness Program, the plan is to invest \$3 million to help prepare remote First Nation communities in northwestern Ontario for future connection to the province's electricity grid. Specifically, this will include four projects in 2015-17 that will help do the groundwork for preparing the 21 diesel-dependent First Nation communities in northwestern Ontario for connection to the province's power grid.

There's one additional community that is not considered economically feasible to connect to the grid by the OPA, the Ontario Power Authority, but is eligible under the Remote Electrification Readiness Program. So we have a total of 22 communities receiving funding.

I'm going to ask the deputy, Deputy Richardson, if she would like to provide some further detail on this. Deputy?

**Ms. Deborah Richardson:** Sure. Watay Power, which is a power corporation and transmission company that is owned by the Windigo, Shibogama and IFNA First Nations—those are the three tribal councils—currently have an EA under way that's proposing to connect a number of the communities. They also have recently involved Pikangikum First Nation as well, so they're starting to build some momentum.

They're looking at bringing forward an EA, but of course it's also going to be very important that the federal government is also a partner in this. That is a top priority for the Ministry of Energy. We can't speak specifically to the Ministry of Energy's perspective on this, but I know that they are working with the federal government and the First Nations to try to make this happen.

**Mr. Norm Miller:** I think the minister did mention some times there. When's the likelihood of the first connection? Is there any target date to have a community connected?

**Ms. Deborah Richardson:** Well, I think until an EA starts—

**Mr. Norm Miller:** Obviously you know there's going to be an EA, and that may be a few years, I assume, but in five years or 10 years? Surely there's got to be some target date?

**Ms. Deborah Richardson:** I can't specifically speak to that because I'm not an expert in transmission or the terms of what that is. We would have to defer that

probably to Minister Chiarelli or to the Ministry of Energy to give specifics.

**Mr. Norm Miller:** Okay. It sounds like in 22 of the remote First Nations, there's the plan to eventually connect directly to the grid. Then there are some—you mentioned, Minister, Fort Severn, which I have visited; it's the most northerly First Nation on Hudson Bay—is just too far away, at this time, anyway, to connect.

I note that for those communities you had plans to have renewable infrastructure. I guess my question is: What are the plans and how much has the government spent on the renewable generation infrastructure for those three remote First Nations? Because I believe that was part of the plan.

**Ms. Deborah Richardson:** I'll defer this over to Assistant Deputy Minister Hillary Thatcher.

**The Acting Chair (Mr. Michael Mantha):** For the record, could you please introduce yourself?

**Ms. Hillary Thatcher:** Yes. I'm Hillary Thatcher, assistant deputy minister for aboriginal relations and ministry partnerships.

There are actually four communities that are uneconomic to connect with transmission lines. They include Fort Severn First Nation, Peawanuck First Nation, Whitesand First Nation, around Lake Nipigon, as well as Gull Bay First Nation, also on Lake Nipigon. The reason they're uneconomic to connect is because the size of the community doesn't require enough load for a transmission line; they're such small communities.

The Ministry of Energy is working with those communities directly on renewable investments. I can't speak to how much money is being invested. They're also working at including the federal government in those types of investments, and private partners. They're looking at solar options and micro-grids in Whitesand First Nation, around Gull Bay, and at Gull Bay they're looking at some bio-generation. Those communities are working directly. They're leading the initiatives, and the Ministry of Energy and IESO, the independent electricity office, are partnering with them to look at opportunities to reduce their diesel consumption.

**Mr. Norm Miller:** Specifically for your program, the Remote Electrification Readiness Program, how many of the 25 First Nations received funding from that program and what's the money being used for?

**Ms. Hillary Thatcher:** The funding for that program was over three years, \$1 million a year. We're just entering our last fiscal year for funding. There are four projects that are being funded, which include 22 of the First Nations that are part of those projects.

The projects are being led by the tribal councils in their regions. The projects are investing money in research to better understand the communities' needs so that they can be employee-ready. They're looking at the health and wellness of the communities right now and studying some baseline data to understand what kind of gaps are in the community so that the communities can then make the right investments in terms of health and

wellness so that people will be job-ready, once there's an approved line, to start building.

The communities are driving the build-out of the line. The deputy minister mentioned Wataynikaneyap Power, which is the transmission company that's owned by these communities.

Our program is investing in research so that we can start making the right investments in wellness for the community. For example, where community members don't have high school, why don't they have high school diplomas? Why haven't they got apprenticeships and trade programs? Often what happens is—and we know anecdotally but we don't have hard data—that in the communities there are young rates for childbirth, so young women often don't get to finish school; so young pregnancies. We also know that there are larger mental health issues and addictions happening in the community.

We need to figure out the baseline situation so that we can start making the right investments and the communities can start focusing on investment so that that they can get their kids and young adults trained into the right apprenticeship program so that when the line begins development and is approved, they can actually be employee-ready.

Those are the types of investments. It's really getting some real baseline data so that the right investments are being made in the right communities.

As a province, we didn't want to brush each community with the same stroke because each community is quite unique in terms of their own gaps and their situations. Some don't have as high issues with mental health and addictions, and others have other situations. We're really trying to make sure that the right investments are made in the right communities and that the communities are knowledgeable about the project at the same time so that they can also see a future from an employment perspective.

**Mr. Norm Miller:** With pretty much all the remote First Nations there are huge challenges and they are varied, which I guess is part of the reason I was asking about electrification. I would agree it's a positive step. That's why I was trying to get an idea of a timeline, which I haven't really narrowed down even within 10 years at this stage.

**Ms. Hillary Thatcher:** What I can tell you is that the First Nation that owns the transmission company is partnered with Fortis, which is a large transmitter. The First Nations project had initially set some target dates to start building out the transmission line, which is in two phases. The first phase is a reinforcement to Pickle Lake, and then it would go north.

**0950**

They hoped to have all of their approvals in place by 2018, but I can tell you that I believe that that's fairly ambitious in terms of the types of approvals that are going to be required for this type of a transmission line. I can't confirm but, really, the timelines will be driven by the transmitter, which is Wataynikaneyap Power, in partnership with Fortis.



**Mr. Norm Miller:** Do you have an estimate on the actual cost of connecting 21 communities?

**Ms. Hillary Thatcher:** I know that there is a website that Wataynikaneyap Power has. Our understanding was, at an earlier time, that the estimation was around \$1.2 billion, but that may have changed, because as time progresses, the costs change, and their estimates may have changed as well. They're also looking now at connecting Pikangikum First Nation, so I imagine their estimations will be different, along with their timelines. Their timelines were acknowledged, at a recent meeting with us, that they're ambitious for 2018, so they're likely going to be pushed into 2020 sometime.

**Mr. Norm Miller:** You said the start-off point was Pickle Lake, which is, I assume, heading in the general direction of the Ring of Fire. It's one of the closer points to the Ring of Fire in terms of the proposed northeast road to the Ring of Fire. Is there planning to take that into account with this electrification? If you're going to look at the communities in that general area, is the demand and the potential and the need for power at the Ring of Fire part of this?

**Ms. Hillary Thatcher:** The demand right now—there is a Musselwhite mine that is needing additional power. The load, and the way that the IESO is planning the transmission line, would include future growth that would be projected. It's not dependent on the Ring of Fire moving forward, though, from my understanding.

The Ministry of Energy and the IESO could do a better job of explaining a lot more of the mechanics and the details of how they plan for load growth in north-western Ontario. They would certainly be taking into consideration Ring of Fire potential, but the focus for this particular project is the remote connection of First Nation communities.

**Mr. Norm Miller:** An energy corridor could also be a road corridor, of course. It would probably be logical that it is the same corridor. Is that taken into consideration in this process?

**Ms. Hillary Thatcher:** You're right: The First Nations are looking at all-season roads, and they've started doing some of their own work on whether or not the corridors would enable that. The terrain up in north-western Ontario tends to be high muskeg, so I think that they'll have to make determinations on whether or not there's going to be an opportunity to line up roads in these particular corridors, because there are a lot of lakes, rivers, and muskeg, so they'd have to do their own studies. But I know the First Nations are certainly looking at this as a possible option.

**Mr. Norm Miller:** Yes, it seems to me, as long as the communities are in favour of it, that linking all-season roads would be a strategy that would make sense in terms of trying to create economic opportunities.

Interestingly, as I was driving up to Timmins last week to attend the FONOM conference—with nine hours to spare—I happened to be listening to CBC, and there was a gentleman—Brian Davey, I believe was his name—who was on the radio for an hour on the CBC

noon show. It seemed to me that the biggest ask he had was that there should be a strategy for all-season roads, to create opportunity for the remote First Nation communities.

Has your ministry looked at or done any consulting on that, or planning on that, or discussions about connecting the communities? Obviously, the Ring of Fire is an opportunity to connect some communities too. A link is needed to that mining site, and there are a number of communities in the area that it would make sense to be a part of that connection.

**Hon. David Zimmer:** Mr. Miller, this is where the importance of the relationship building that we've done with the First Nations really comes into play, because we are now at the stage where we can sit down with the First Nations who have the most interest in this issue that you just raised.

We both recognize, First Nations and the province, that we have to do something to help remote First Nations develop socially and economically. It's because of all of the attention we've paid to the relationship building that we can have very frank and candid conversations about how to make improvements, how to address this issue. There are a variety of points of view, but the point is that we sit down with the leadership of the First Nations and we figure out the best solutions to meet the problem.

Deputy?

**Ms. Deborah Richardson:** There has been some work under way with First Nations around all-season roads. For example, within the Ring of Fire, Canada, Ontario and the First Nations are working at exploring options around all-season roads. I know that those communities currently have work under way where they're looking at potential routing and speaking to communities about the options of having all-weather roads—because you can imagine there are probably some that are for and some that are against. That work is happening right now on the ground within communities.

Also, I spoke about Watay Power in the Windigo group of communities. We had a meeting this week with Nishnawbe Aski Nation and the Premier. Windigo spoke to the fact that they would like the province to engage more with them on exploring all-season roads. We look forward to trying to loop in the federal government, because it's complex. We'll have to bring all players together to explore options about how that would happen.

They have done a significant amount of planning themselves as well. I think through the Northern Ontario Heritage Fund, they've been able to get some planning and capacity dollars.

**Mr. Norm Miller:** Thank you. I guess I'll switch to land claims. The minister, in his opening comments, made reference to land claims. I think he said that you have a strategy or a policy now to try to settle a land claim within three years. You talked a bit about what you've accomplished.

I guess I'll start specifically with the Algonquin land claim. The Algonquins of Ontario submitted their pro-

posed agreement in principle in June 2015. How much longer does the government anticipate it will take to fully negotiate this land claim settlement?

**Hon. David Zimmer:** I'm sorry; I was flipping pages.

**Mr. Norm Miller:** How much longer does the government anticipate it will take to fully negotiate the Algonquin land claim settlement? You've got the agreement in principle, so when do you expect to finalize the timeline etc.?

**Hon. David Zimmer:** Let me give you a bit of background, and then I'm going to ask Assistant Deputy Minister David Didluck to give you some further detail. He's the ADM who is deeply involved, and has been for years, on the Algonquin claim.

These are tripartite negotiations. They involve Canada, Ontario and the Algonquins, so we all have to work together to sort this out and negotiate this settlement. It will produce Ontario's first modern-day, constitutionally-protected treaty.

On May 29, 2015, negotiators for Canada, Ontario and the Algonquins initiated a proposed agreement in principle. That's publicly available, and I'm sure you all had a look at it. The Algonquin ratification vote on the proposed agreement in principle was concluded two months ago, in March 2016. We are very encouraged by the results of the Algonquins of Ontario ratification vote. We continue to hope for a common agreement to move forward with these negotiations.

There was a separate, parallel referendum that was conducted by the Algonquins of Pikwakanagan First Nation. They raised some issues within their on-reserve community about the agreement in principle, but—

**Mr. Norm Miller:** Sorry, can you explain that? As I understand it, there was a vote, and some parties agreed to it; some did not.

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**Hon. David Zimmer:** Yes, there was a vote: 94% of off-reserve Algonquins voted in favour of the agreement, in principle. Six per cent, largely from the Pikwakanagan First Nation, voted in such a way that demonstrated that they had some concerns or reservations about it.

**The Acting Chair (Mr. Michael Mantha):** Mr. Miller, you have five minutes remaining.

**Hon. David Zimmer:** We are now sitting down with the Algonquin leadership with a view to resolving, settling or coming to some understanding because, at the end of the day, we do want to have the Pikwakanagan reserve, representing the 6% of the vote. We want to address the issues and concerns that they've raised with the agreement of principle.

The idea here is that at each stage of these negotiations, we've got to take the time required to address the considerations raised by Pikwakanagan. But I'm going to stop there and I'm going to ask Assistant Deputy Minister Didluck to provide you with some detail, because he's at that table.

**Mr. David Didluck:** Thank you, Mr. Miller.

**The Acting Chair (Mr. Michael Mantha):** Mr. Didluck, can you introduce yourself for the record?

**Mr. David Didluck:** Sure; no problem. It's David Didluck. I'm the ADM of negotiations and reconciliation with the ministry.

The broader context here, Mr. Miller, as you know, is that this is arguably Ontario's most sizable and historically significant claim because of the approximately 10,000 Ontarians who are of Algonquin ancestry. These are individuals who never signed a treaty with either the federal or provincial crown so, technically, we call this a title claim but that's very significant because a title claim means that we are very much, as crown governments, along with our First Nations partners, designing the modern-day treaty from scratch. We get to fundamentally, as the minister said in his opening remarks, design that new treaty relationship.

The territory of the claim area, as you know, is about 36,000 square kilometres. There are 85 municipalities within the claim. By my calculation, I think that's about 17 provincial ridings. About 1.2 million Ontarians live within the claim area so, again, it's very sizable. I provide that additional context because, as you know, size and complexity often mean a longer negotiation process.

Certainly, the 20-odd years that Ontario has invested now in the negotiations can't be overlooked. That is a sizable time period, but if we put that in a national context and look at where there are significant, complex, title-based negotiations of this size, the nearest comparable would be out west in British Columbia. Most of that province, as we know, is not covered by historic treaties; they all have title claims. There's not a lot of success coming out of British Columbia, if I may dare say, and of those claims, the average negotiation time frame is well over the 30-year mark. In the Nisga'a negotiations, the hallmark was 38 years.

I'm not trying to suggest that that is our benchmark here in Ontario. But to give a broader context in a comprehensive claim situation where title is being asserted, it's not uncommon for the parties to take that amount of time.

I should also add, of course, that this is a tripartite process. We in Ontario are not the only player. There are the Algonquins, but also there is the government of Canada, and the government of Canada has its own mandating process and interests to also bring to the table. Again, all parties must be moving forward, and that's sometimes why it takes as long as it does.

**Mr. Norm Miller:** So what's the next step in the negotiations?

**Mr. David Didluck:** A fair question. As the minister noted, the Algonquins of Ontario have recently gone through a ratification process, so they voted on the draft agreement in principle—

**The Acting Chair (Mr. Michael Mantha):** You have one minute left, Mr. Miller.

**Mr. David Didluck:** —to get a mandate from their communities to continue negotiations with both Ontario and Canada. While we're very encouraged by the vote results, as the minister noted—94% overall voted in favour of the agreement in principle—the one reserve-



based community, Pikwakanagan, had less positive results. In fact, there was a slight majority of “no” voters.

We respect the fact that there is a process to ratify and sometimes communities internally don’t always agree, so we’re giving space right now for our negotiating partners, both Pikwakanagan and the broader Algonquins, to continue their internal dialogue. I don’t think it would be very fair for me to comment in terms of what we could speculate, I guess, on what the outcomes may be, but we remain positive. Our federal counterparts remain positive. We’ve invested a lot of time in the negotiations. We just want to create some space at the moment for the internal conversation to occur as to what the next steps are. But we’re ready to negotiate—

**The Acting Chair (Mr. Michael Mantha):** Thank you very much.

On va maintenant procéder au troisième parti : M<sup>me</sup> France Gélinas.

**M<sup>me</sup> France Gélinas:** Veux-tu me dire, est-ce que j’ai—

**Le Président suppléant (M. Michael Mantha):** Il reste approximativement 10 minutes, madame Gélinas.

**M<sup>me</sup> France Gélinas:** C’est tout, hein? OK, merci.

Thank you for coming. I just wanted to give you an idea: When I sit in for long estimates, like 15 hours, my questions tend to be first what I call at the 10,000-foot level, just to see in broad strokes how your ministry has spent its money, because this is about estimates. Then, I will drill down to some specifics.

Just so that you know what I intend to cover—and that’s for First Nations, Métis and Inuit, some that has already started—we will be talking about land claims. Then, I have quite a bit of questions specific to truth and reconciliation and how money has been, is and will be spent to support this process. Then, some of your economic development initiatives: I know that there’s a bit of money in your budget to do this, so some general questions, but also some specifics on the ground as to how this has rolled out. The entire electrification and readiness program is something that I find fascinating, and I have questions about that.

Of course, when we talk about First Nations, Métis and Inuit access to justice and the justice system and your ministry’s linkages and responsibilities toward that and toward some of the changes in that direction—coming from Nickel Belt, I’m interested in the Ring of Fire, as well as what your ministry’s resources are to help with this development. Certainly, some of it will have to do with building a relationship and a lot will have to do with health care systems to support First Nations, Métis and Inuit; social services to support First Nations, Métis and Inuit; what happens in the mental health system; as well as access to hospital services for people who live on and off reserves that belong to First Nations, Métis and Inuit.

But my first question to you, having said all of this, is: How well do you know those Ontarians? How well do we know them? Who keeps an eye out as to how many, how are they doing, where are they and how old are they? You talked about their median income. Who keeps track of all that?

**Hon. David Zimmer:** The answer to your question is sort of the precursor to my comments on building relationships. To build a relationship, you have to know the person or the peoples that you’re building the relationship with.

At a general level, I have made a commitment, over my term, to make every effort to visit all 133 First Nations. Actually, a couple of the First Nations don’t have a land base, so there are probably 131 or 130 that have a land base. So far, as of last week, I’ve visited 63 First Nations.

Let me tell you something—because we just have a few minutes, I think—about what a visit entails. I will attend a First Nation. An agenda is prepared in advance of the visit with the First Nation. I will always be accompanied by the relevant senior person from the Ontario public service and one of my senior political staff. We will then attend to the First Nation. We will greet the leadership. We will sit in a room, in a band council chamber, around the table, if you will. The chief will be there with his deputy chief and the other leadership from the First Nation. We will work through the agenda that has been prepared. Largely, at the first go-around on the preparation of the agenda, are items that the First Nation wants to talk about. We will probably, usually, add some items that we want to talk about.

**1010**

We will often spend the whole day working through those agenda items. When I say I’ve done 63 visits, many of those visits to those 63 First Nations have been multiple visits. I’ve visited, for instance, some First Nations two and three times; some, four times. In addition to that, of course, I’ve met virtually almost all—I think I can reasonably say—of the First Nation leadership and personalities, in meetings in Toronto, Thunder Bay, Timmins, Sudbury, and so on.

The visit to a First Nation then concludes after the meeting. There is always a very detailed tour of the First Nation itself. I will typically ride with the chief, who will conduct the tour—the deputy minister and one of my political staff, and there might be one, or two or three vehicles.

We visit the water treatment plant. We visit the community centre. We visit the nursing station. We visit the school. We visit the seniors’ home, if there is one. We visit virtually everything on the First Nation. The chief will introduce me to the head of the nursing station. The nursing station will then take over the tour, give us a walk-through, and will in great detail outline how the nursing station operates—I’m just using this as an example—and the challenges that the nursing station faces. There are always suggestions about how to deal with those challenges and what the needs are.

At the end of a visit, I have a pretty good feel for what’s going on in the community. In addition to that, before I and the team visit a First Nation, we have detailed briefing books about that First Nation.

I don’t think I brought one with me, but there is a very, very detailed profile of the First Nation which has

been compiled by information obtained from various federal sources, provincial sources, reporting statistics and the like. So we have everything from the total numbers on the First Nation, the age breakdown, how many are single mothers, how many are two-partner families, how many seniors there are, what the wage rates are, what the number of jobs are, where the jobs are in the First Nation community, what the pay scale is and all of that detail.

I don't know if we have an example of one of those community profiles. I don't think so, but I can bring one when we come back this afternoon.

So when you go through one of those community profiles—and they typically are three, four or five pages, depending on the size of the community. You combine that with the briefing, and the very detailed visit—so it's not just a visit where we sort of drop in and say hello, have some lunch and leave—that does give you a feel for the community. But I'll ask the deputy to add additional thoughts that she may have.

**Ms. Deborah Richardson:** Just in terms of data—I think that's what you were asking, specifically, too—I'll turn it over to Assistant Deputy Minister Alison Pilla, who can speak to that. But I know that there are community well-being indexes that the federal government has in terms of baseline data. Statistics Canada is a really good resource for a lot of statistics in terms of socioeconomic circumstances and just data. But maybe I'll turn it over to Alison in terms of additional data that is available.

**The Acting Chair (Mr. Michael Mantha):** On that note, we will hold onto that question and resume. I see the hour; it's time that we call recess. We will resume committee work following regular proceedings today. We are now adjourned for the moment—we are in recess.

*The committee recessed from 1015 to 1600.*

**The Chair (Ms. Cheri DiNovo):** Good afternoon, everyone. Good afternoon, members. We are here to resume consideration of vote 2001 of the estimates of the Ministry of Aboriginal Affairs. When the committee recessed this morning, the NDP had 21 minutes left in the rotation. Madame Gélinas, the floor is yours.

**M<sup>me</sup> France Gélinas:** I'm about to test everybody's memory. The last words you said were that you were going to ask the assistant deputy minister to give me more information about the data that exists and that your ministry uses when it comes to First Nations, Métis and Inuit.

**Hon. David Zimmer:** The form of the data that we get.

**M<sup>me</sup> France Gélinas:** Yes.

**Hon. David Zimmer:** And I said there would be an example—I think it's—

**M<sup>me</sup> France Gélinas:** Sorry, Minister, you also offered to share with me what those briefings look like.

**Ms. Alison Pilla:** I can answer the question.

**The Chair (Ms. Cheri DiNovo):** Yes. Say your name, please, when you begin to speak. Thank you.

**Ms. Alison Pilla:** Good afternoon. I'm Alison Pilla. I'm assistant deputy minister for the strategic policy and

planning division in the Ministry of Aboriginal Affairs. I'm happy to be here to talk to the committee and answer the question about information and data, because I think information is very important. As we talk to other ministries, they also understand that having the right information and data, understanding where those gaps in services are and where those gaps in outcomes are, is truly important in order to make progress on the indigenous agenda for the government.

MAA has a mandate to work across government. We don't hold information for programs and services that other ministries deliver. For instance, the Ministry of Health delivers mental health and addiction services or primary care services or other services to indigenous people. They manage their own information with respect to what they're doing and what outcomes they can expect to achieve. All ministries are like that, but we kind of have a coordinating role across ministries, and of course we at MAA want to have a picture what's going on in the programs and what kind of outcomes people expect to achieve.

We do a number of things with ministries and for the Ministry of Aboriginal Affairs. One thing the minister addressed—I think we've sent it electronically, or we're happy to send it electronically—is better understanding the communities. The minister spoke about visits to communities. The civil service and staff go to communities as well, and we talk to tribal councils, regional political organizations, the Chiefs of Ontario and others to get a better understanding of what priorities and what's going on in communities.

So we work with communities and we work with our other ministries. For instance, for communities in the north we work with the MNDM, the Ministry of Northern Development and Mines. We work with what's available on the INAC website, Indigenous and Northern Affairs Canada. We work with what we hear from communities directly, and as the minister said, as he goes out and the deputy goes to visit some communities, we create these little profiles of the communities. I think that's what the minister was referencing, and that's what I'm holding up; we can provide you a couple of these.

These are always a bit of a work in progress, because they're a bit iterative as we get more information from ministries. I don't necessarily have them for all the communities; we do them on as-needed basis. But I think what we have is one for Alderville, which is in the south-west, and one for Pic Mobert, which is more in the north. The information contained is a bit about the land base, a little bit about the labour force activity, what the employment rate is in those communities, educational attainment and some community well-being. I think the minister or the deputy spoke about the community well-being index.

So this is a compilation of information. Some of it we get from Statistics Canada, and others we get from the community and other places. We're happy to share those with you. Those are for First Nations communities, essentially reserve communities, in the province.

The other thing we do is that we keep a close eye on what Statistics Canada is doing. Of course, they have a



five-year cycle. It was problematic when they got rid of the long-form census, because we relied on a lot of that information, and there are some data gaps.

Clearly, Statistics Canada does provide information that we rely on, from things as simple as what are the demographics in the province for indigenous people, how many people identify as First Nations, how many identify as Métis or Inuit or other, how many are on-reserve and off-reserve, what the labour force participation rate is, what the state of housing is on-reserve. We use that information.

We have a few data sheets that we provide that just coordinate or compile some of that information. Again, we're happy to share this data sheet we have on aboriginal demographics in Ontario that I'm holding up. It really gives you a basic understanding of things that I've talked about: Who is First Nations, who is Métis, who is Inuit, where they live on- and off-reserve and how the population is growing, because aboriginal young people are growing at a much faster rate than in the non-aboriginal population.

As ministries do policy and planning, we want them to think about the demographics. It's a bit different for First Nations particularly. It's a much younger population, so where they might be spending resources planning for seniors in health, we want them to think about young people and young people's needs because we have a bit of bulge in that demographic. We want to share that information with people as well.

Another thing that we do on occasion, if we can find the money, is we might commission a piece of research to provide us some information that we can't necessarily get either from the INAC website or from StatsCan, or it isn't really in the academic literature in a way that maybe is very specific to Ontario.

I'm happy to share this particular one that we did: If the province and the federal government—and the federal government has responsibility for education on-reserve—were able to work together on- and off-reserve to close that education attainment gap that is particularly experienced by First Nations on-reserve, what would be the result of that in terms of labour force participation at the end of the day; what is the aboriginal lifetime earnings potential for First Nations individuals where you can close the gap; what would be the potential GDP growth?

We hired, in this case, an economist to do that kind of analysis based on a similar study that was done for Canada as a whole. We're able to also look at that kind of information and share that information across government.

Those are the pieces that MAA does specifically for MAA—Ministry of Aboriginal Affairs. As I said, we work closely with our sister or brother ministries—whatever you want to call them—across government to also help them think about indigenous populations and indigenous people as they develop programs and services.

For instance, the Ministry of Education has identified a gap, or had identified a gap, in their understanding of indigenous educational attainment. Part of the stumbling

block that they had was that they weren't able to adequately identify who was First Nations, Métis or Inuit in their schools. So they implemented a voluntary identification approach, where students and their families can identify if they're First Nations or not.

The Ministry of Education can then look at that as a subset of information to think better about what kinds of wraparound supports and services should be put in place for these particular students: How well are these particular students doing and in what areas do they need some more help?

We work with other ministries, in addition to the Ministry of Education, to try to help people move down that path of being able to understand, for vulnerable populations like our indigenous populations around some of these outcome indicators, how to think about understanding what those gaps are—

**The Chair (Ms. Cheri DiNovo):** Excuse me for a minute. Madame Gélinas, you have three minutes left.

I would ask the assistant deputy minister: Are you willing to share that—you held up a piece of paper—with the committee?

**Ms. Alison Pilla:** Yes, sure. I'm happy to do that, yes.

That's basically how we work across the government.

**M<sup>me</sup> France Gélinas:** For my last three minutes, before I start to ask questions, how is working with the different ministries—

**The Chair (M<sup>me</sup> France Gélinas):** Sorry, Madame Gélinas. I was wrong. You actually have 13 minutes left. I just realized that we're on a 30-minute rotation.

**M<sup>me</sup> France Gélinas:** Oh, you stressed me for nothing.

*Laughter.*

**M<sup>me</sup> France Gélinas:** I'll live, though.

Continuing on what you were talking about: You have access to data. You have put this together. You use it to inform and keep informing yourself as to how things are changing, for the better or the worse, in a number of key elements that describe the population's health, well-being and "scholarization" and all of this. My next question is, how do you use this knowledge with the other ministries? Where does your area of influence, if you want, end and how far does it go?

I don't know if I'm clear. It can be to any of you.

1610

**Ms. Alison Pilla:** One thing I neglected to say, that I should say as well, is that it's also important to work with indigenous partners. Sometimes, the way that we assess outcomes is not necessarily the way the communities would assess outcomes. That's why the Ministry of Education and others are working closely with indigenous communities, so that we can reflect properly the perspectives that indigenous people have.

At MAA, we have a small performance measures and data unit. It has a manager and three staff; it's very small. But at the end of the day, I think it's relatively well recognized across government that the Ministry of Aboriginal Affairs has a particular expertise in understanding indigenous communities and indigenous issues.

We have a lot of expertise in terms of relationships and how those are built and what we hear during those discussions. In many senses, they look to us for advice on some of these issues. In other areas, where they have developed an expertise, we're quite happy to kind of just participate when they need us to help them out.

For instance, the Ministry of Education, which I mentioned, is quite far along in their work. The Ministry of Health, for instance, has a strong relationship with the Institute for Clinical Evaluative Sciences, which is an external group that helps the health care system and the Ministry of Health understand what things really work in health, how you improve outcomes and what kind of information you need to support those outcomes. The Ministry of Health has been working very closely with ICES, which is the acronym for the Institute for Clinical Evaluative Sciences—

**M<sup>me</sup> France Gélinas:** I know it very well.

**Ms. Alison Pilla:** —and the federal government and the First Nations. So they have a tripartite process, using ICES, to determine how best to collect information that health needs, to understand how health needs to move forward. The federal government provides some health care services and the provincial government provides others, so you need all of those people at the table to figure out how to pull that data together. They're quite well able to work with ICES to do that work. For other ministries, we provide a bit more support.

**M<sup>me</sup> France Gélinas:** So from what you've told me, if another ministry needs information, they can come to your ministry, and they respect the work that you do to identify key performance measures or indicators of the community.

The part I don't understand, that I'm not quite clear on, is if you, through your work, identified a need or a gap, or the First Nation themselves have identified a priority and they come to you, how can you support them when it has to do with another ministry, which most of the time it does?

**Ms. Alison Pilla:** Right. We have an idea of what best practices are. We can link them up with appropriate indigenous groups, whether they're dealing with the community or larger groups, to have that discussion, and we can work with them. They need to understand the kinds of data that they're already collecting, and then we can help work with them to understand how best to add on it. So it's different levels of engagement with each ministry, depending on where they are and what their needs are. I'm not sure if that really gets at your question. It's really a bit of an iterative process in terms of what we can add. It depends on what their baseline is and where they want to go.

**M<sup>me</sup> France Gélinas:** Can you ever dictate something? "This is a priority and it has to be done."

**Ms. Alison Pilla:** We certainly have discussions with ministries on a regular basis about the need and the priority for understanding the gaps in outcomes. We share that information so that they definitely understand that.

We also have those discussions about the need to collect aboriginal-specific information, but they have to

do that in partnership with indigenous communities and work out how to do that. We do that on an ongoing basis, and we can say—we can tell them—

**M<sup>me</sup> France Gélinas:** But not about data—about programs and services. You identified a gap in a program or a service. You identified in a community that needs access to post-secondary education so that they can work in the jobs of the future etc. How far is your realm of influence to make sure that those gaps are filled—not gaps in data, but gaps in the programs and services of the provincial government?

**Hon. David Zimmer:** The Ministry of Aboriginal Affairs, as has become apparent from the answers so far, serves as a resource to all of the other ministries. Other ministries will call us on an issue and say, "How should we approach this issue? How should we deal with this issue? We want to be sensitive to cultural institutions, sensitive to the First Nation nuances" and all of that sort of thing.

We provide that sort of small-p political or social advice, if you will. Then we can drill down to the next level and provide the various pieces of technical information that the assistant deputy has outlined.

If something is identified that needs addressing, first and foremost we engage the First Nation to make sure and to see if they've made the same identification. If they have, we will sit down with them—our ministry and the relevant other ministry or ministries that are involved, both at the OPS level and, from my point of view, at the political level—and take those decisions, but again, take those decisions in consultation with the First Nation, the OPS and the relevant ministry.

It's not a situation where we issue diktats. We sit down, if an issue has been identified, and address it collectively.

**Ms. Deborah Richardson:** It's—do I need to introduce myself every time?

**The Chair (Ms. Cheri DiNovo):** Just this time, yes.

**Ms. Deborah Richardson:** Deputy Minister Richardson. If I could speak specifically to your question about if there's an identification of a need for a program or service, what can we do? A really good example of that is through the joint working group. It's called the joint working group, and it's where we sit down with indigenous partners. The Ontario Federation of Indigenous Friendship Centres, the Ontario Native Women's Association, the Métis Nation of Ontario, the Independent First Nations Alliance and the Chiefs of Ontario comprise that.

They had tabled a long-term strategic plan to end violence against indigenous women and girls. Through that work and dialogue, there were a number of needs identified. Other ministries are at the table—I think there are about 11 other ministries. For example, there was a need that women needed a call centre, so MCSS, through the Ontario Native Women's Association, now funds a call centre for women.

Another example is that the OFIFC has a program called I Am a Kind Man. It creates a program for boys and men to respect women. That's actually also being piloted in the correctional facilities.



I think the most meaningful piece was the ending violence strategy that was launched. What communities were saying was that we need on-the-ground supports for families who experience violence which aren't necessarily through the child welfare agencies, but is somebody who can work with the family that experiences violence. That's what the family well-being program was. That was a direct response from a need identified by communities.

I hope that helps.

**M<sup>me</sup> France Gélinas:** Yes, it does.

**Ms. Deborah Richardson:** There are a number of other examples that come about as a result. Historically, the Aboriginal Healing and Wellness Strategy was another one that came about for families that wanted support. I hope that helps.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, now you really do have just under three minutes left.

**M<sup>me</sup> France Gélinas:** Just under three minutes? Okay. I won't launch into any deep discussion.

I think the ADM said this morning that when you look at your Remote Electrification Readiness Program, there was close to \$1 million that had been spent. I think I'm quoting you, more or less—why they drop out of high school, you look at their readiness for the job market, so that they would be ready when the job comes; you look at young women's pregnancies, another reason why they don't finish school etc. This type of information was gathered through the Remote Electrification Readiness Program for all 21 reserves? Is it done? Is it still ongoing? Is it available? Is it finished?

1620

**Ms. Hillary Thatcher:** It's Hillary Thatcher, assistant deputy minister for aboriginal relations ministry partnerships. We're in the final year of funding the remote electrification program. It is about community readiness, and there is one year left of funding. We're just funding it now. It's a continuation of this research and they are starting to submit the data that they've gathered with their researchers.

**M<sup>me</sup> France Gélinas:** Who does the research?

**Ms. Hillary Thatcher:** The tribal councils who applied for the funding on behalf of the communities are working in partnership, and each one has a different partnership with different researchers. I don't have the data of which researchers they're each working with, but they're working with the researchers to research with the First Nation communities that they represent. The 21 communities are partnered on that, and they've hired some of their own individual community members to also learn to do this type of research. It's another way of building additional skill sets in the communities.

**M<sup>me</sup> France Gélinas:** Okay. I'll let my 30 seconds go for the next round.

**Ms. Hillary Thatcher:** I just had a correction, sorry. I just wanted to correct something I also said about the remotes this morning, around timelines. Mr. Miller had asked about timelines and I confirmed earlier that the two-phased remote connection project initially had been

slated to begin the build-out in 2018. I looked at their website; they've updated the data and the Ministry of Energy just confirmed that the proponent, who is the First Nation proponent, updated their data so they'll start their build-out of the line to Pickle Lake in 2020, and then the communities will start being connected in 2022. That's how the proponents have driven it. I just wanted to correct that information.

**The Chair (Ms. Cheri DiNovo):** Thank you. We now move to the minister, who has 30 minutes for his presentation.

**Mr. Norm Miller:** Doesn't the government ask questions now?

**The Chair (Ms. Cheri DiNovo):** No, it's the minister's time to respond. He has 30 minutes.

*Interjections.*

**The Chair (Ms. Cheri DiNovo):** Minister, you'd better start speaking. They're using up your time.

**Hon. David Zimmer:** All right. Just give me a second here.

Well, I guess the first thing I would say as a pro forma statement is thank you for your opening round of questions and comments. It's apparent from the questions, and I hope it's apparent from the answers to the questions, that we're all in this together. We do want to build a stronger Ontario, a stronger Canada. To do that, we need the support of our indigenous partners as they build their stronger communities. Our efforts in this regard are going to go a long, long way towards the reconciliation that has to happen if we're in this together. I do appreciate the questions, because they were all headed in that direction of wanting to understand how we can get to a better place.

As I said in my opening remarks, the ministry is focused on strengthening relations with indigenous communities, not only as a part of the reconciliation process but to include outcomes for indigenous peoples. The ministry and our ministry partners work very hard to forge and maintain positive working relations. Therefore, we are well positioned to work with our indigenous partners on a going-forward basis.

Stronger relationships will lead to socio-economic enhancements. They will help to build trust, prosperity and hope in indigenous communities. That will in turn help us to incorporate indigenous voices and indigenous perspectives into our policy and program design. Policies and programs that have to be developed with indigenous partners always prove to be more effective in their outcomes.

Relationship building and ongoing discussions, even difficult ongoing discussions, help to identify and enable forward movement on the joint priorities. By joint priorities, I mean the priorities of the indigenous nations and the priorities of the government. We are working very hard to build and maintain those relationships. Like anything else in life, often the outcome of a project depends largely on the quality of the relationship.

In addition to the political core that I spoke about this morning, the ministry has established bilateral tables with

indigenous organizations. Some of those bilateral tables exist, for instance, with the Union of Ontario Indians, the Grand Council of Treaty 3, which is up in northwest Ontario in the Kenora area, the Métis Nation of Ontario, and the Nishnawbe Aski Nation.

We have regular meetings that include the Premier's annual meeting with indigenous leaders, from the Chiefs of Ontario, Métis Nation of Ontario, the Ontario Native Women's Association, and the Ontario federation of indigenous friendships. It's at these meetings that we discuss a lot of these issues that you raised in your last questions.

To date, we've also hosted two leaders in the Legislature. These are events in which First Nation leaders come and meet with ministers and the Premier. The last one was in November of this year. It was spread over a couple of days. We had 10 round table sessions that focused on areas of health, the environment, youth engagement, the Truth and Reconciliation Commission, resource revenue sharing, economic development and justice.

It's important to say that when those round tables were settled upon—that is, when the agenda of the round table was determined—that agenda was worked out in close consultation with the First Nation. So it wasn't just Ontario's agenda or the Minister of Aboriginal Affairs' agenda or the Minister of Education's agenda; it was an agenda that was jointly arrived at.

I want to say something about indigenous youth and suicide. I would be remiss if I did not mention the terrible tragedy taking place in Attawapiskat, where, as you all know, a recent string of attempted youth suicides has led the indigenous community to declare a state of emergency. It's a terrible tragedy. It cannot be ignored. It is not being ignored.

The safety and well-being of the people in Attawapiskat and indeed in all indigenous communities is important. It's important to the ministry; it's important to all Ontarians and Canadians.

We are concerned about the conditions that led indigenous communities to declare an emergency due to this type of social crisis. That's why the ministry is working very closely with indigenous organizations to support prevention and treatment programs that focus on the well-being of indigenous youth.

We are using our strong relationships across government and with communities to take action. The ministry is working with the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services to put in place an aboriginal social emergency protocol. That protocol will help coordinate action by the province, the federal partner and our First Nation partners.

The protocol is expected to include the deployment of nurses, nurse practitioners and social workers that enter the community to determine what supports are needed for the medium term.

We will continue to work with the community in the coming days and weeks to determine what other supports and what other investments can be made to help deal

with this crisis. But the actions that we take are not just reactive. We are also working with indigenous partners to implement Ontario's Youth Suicide Prevention Plan.

The plan will support communities to better respond to young people in crisis. We have supported the Ministry of Children and Youth Services in building the Aboriginal Children and Youth Strategy to transform the very delivery of programs and services to aboriginal children and youth.

The strategy has been developed, again, jointly with First Nations, Métis, Inuit and urban indigenous partners. It will focus on increasing the availability of culturally appropriate services. It will enhance community control over service delivery and design.

A number of ministries are joining the Ministry of Aboriginal Affairs in funding the Promoting Life-skills in Aboriginal Youth Program—the acronym is PLAY—through Right to Play and partner communities.

This program develops youth leadership and sparks positive change. It's a program that's had tremendous uptake in the indigenous communities and with our other partners. It provides an opportunity for youth to participate in consistent—and that is really important—weekly and year-round programming to strengthen self-confidence and leadership capacity.

1630

I want to emphasize this idea of consistency in the program. It's not an in-and-out. It has been offered in some 50 communities to date, and we have about 4,500 children and youth who participate in it. I've been to some of their events. You have no idea how uplifting it is to see those programs in action.

We're very proud at the ministry to report that PLAY has been consistently able to leverage every dollar that Ontario has invested to secure two additional dollars from the public, private and non-profit sectors. That program is very successful, and the idea that not just government but other non-government partners are stepping in on a \$2-to-\$1 match is huge.

I want to say something on the issue of violence against indigenous women. As I mentioned this morning, we are proud of the work the ministry has completed. It's launching—you weren't here this morning, Chair—Walking Together: Ontario's Long-Term Strategy to End Violence Against Indigenous Women. I don't know if you've had a chance to have a look at it, but it's worth reading. This strategy outlines actions to prevent violence against indigenous women and reduce its impact on youth, their families and their communities. Ontario has committed \$100 million over three years in new funding to support the implementation of this strategy, and an additional \$8 million in existing funding has been allocated. Walking Together is a very important strategy. I urge you to get a copy of it and read it.

Let me tell you something about the investment—

**The Chair (Ms. Cheri DiNovo):** I would ask the minister if he could maybe bring the microphone a little closer to him or maybe go a little closer to the microphone.



**Hon. David Zimmer:** Oh, sorry. Let me give you some details of that \$100-million investment.

It will focus on six areas of action. First, support for children and youth in families, including the launch of a new family well-being program to support indigenous families in crisis and to help communities deal with the effects of inter-generational trauma. Funding will be provided to programs that indigenous communities design and deliver, in order for them to meet their unique community needs. Again, we have this theme of involving the indigenous community.

Second, community and safety healing, which will include the development of a survivor-oriented strategy to assist the identification, intervention and prevention of human trafficking in Ontario. The government will also develop and expand programs that support the health and well-being of indigenous survivors and their families and affected communities and, indeed, the perpetrators of the violence.

Policing and justice: That will include developing a new police training curriculum that will be sensitive to the special needs of indigenous communities.

Prevention and awareness will include public education campaigns to change and alter a lot of harmful attitudes and norms that are out there in the province generally, that perpetuate violence against indigenous women and girls. That's a very important piece of the strategy: to change harmful attitudes and existing norms.

Leadership: I'll say something about leadership, collaboration, alignment and accountability. That's very important when we're talking about the kind of money and the kind of investment that we're talking about. We will continue to build strong relationships with our indigenous partners and the federal government in this area of alignment, accountability and collaboration.

Another piece to the strategy—and the assistant deputy minister talked about this earlier this afternoon—is to improve data and research to guide partners in developing new programs and policies that fit the needs of indigenous communities.

The strategy that I've just outlined would not have been possible without our partners on the joint working group. That working group includes, as I've said earlier today, representatives of indigenous organizations and 10 ministries. The working group collaborated to develop and implement new initiatives aimed at preventing violence and improving supports to victims. It's an important step towards tackling the violence by addressing the socio-economic conditions facing indigenous women and it includes a discussion on housing issues, child care, education and economic opportunities.

I can tell you that after being the minister for three and a half years, addressing these are essential to reducing poverty on- and off-reserve. That poverty on-reserve and off-reserve is a key cause of violence against indigenous women and girls. We are proud of the work we've done so far and we are going to continue to work towards preventing and ultimately ending this violence.

I want to say a few words about economic development. As I mentioned in my opening remarks, the Min-

istry of Aboriginal Affairs is helping to create jobs, support new skills training opportunities and improve the economic conditions of indigenous peoples. I want to take a few minutes to highlight a few projects funded by the Aboriginal Economic Development Fund that are making a real difference. The Aboriginal Economic Development Fund is something we are very proud of.

This year, I had the pleasure of announcing \$224,000 over two years to the Canadian Council for Aboriginal Business to help create the tools and financing options for aboriginal businesses. This initiative is a centralized, online service that will connect indigenous entrepreneurs and businesses to service providers across Ontario and Canada.

I also had the opportunity of announcing \$175,000 to help establish the new Experience Akwesasne Welcome Centre, located near the Peace Tree Trade Centre on Cornwall Island. I had the chance to visit this community and tour the welcome centre. It features local artists, it promotes local businesses and it supports local tourism and events. It's a huge success for the indigenous community and for the surrounding municipality of Cornwall and other surrounding communities. I think Mr. Crack is probably aware of that program.

The Aboriginal Economic Development Fund is a key initiative of the province's aboriginal economic development strategy, which we announced in 2010. It contributes to the goals of the overarching Poverty Reduction Strategy by supporting economic development and the government's goal of reducing poverty, inequality and exclusion. In addition, the ministry recently redesigned the Aboriginal Community Capital Grants Program to address gaps in the infrastructure needs of indigenous communities while considering the infrastructure priorities of the province as a whole. This program supports the construction, renovation and/or retrofit of indigenous community facilities, including community centres and learning facilities, at three stages in the development process: (1) the feasibility study completion; (2) the design completion stage; and (3) the actual construction or renovation. We are continuing to support the Métis Voyageur Development Fund, which was created in 2010, by providing \$30 million in funding over 10 years to support Métis economic development.

A few words about consultation: The Supreme Court has made several decisions that have addressed and refined our understanding of the crown's consultation obligations, including circumstances where accommodation may be required. Accommodation may involve a ministry taking steps to avoid irreparable harm or to minimize the adverse effects of a proposed government action or a decision on established or asserted indigenous or treaty rights. The Supreme Court of Canada has also indicated that in some circumstances, consultation and accommodation may involve seeking the consent of indigenous communities.

This year, the ministry has taken steps to explore new provincial approaches to the consultation process. The ministry has formed a time-limited consultations policy

project office. It's tasked with undertaking engagements with First Nations, Métis partners and industry; to review the province's current consultation practices and protocols; and to identify opportunities for improvement in the protocols. Consultation practices help support reconciliation between the crown and indigenous peoples. It helps to strengthen relationships between indigenous and non-indigenous communities in Ontario. Successful consultation and, in some circumstances, accommodation can lead to agreements between indigenous communities, proponents and the crown that create opportunities for new partnerships, employment opportunities and economic spin-offs for all.

**1640**

As I mentioned early, the New Relationship Fund is designed to support indigenous communities and organizations' participation in meaningful consultation and engagement with government and the private sector. Ontario established the New Relationship Fund in 2008 to fulfill a key recommendation of the Ipperwash Inquiry report. This fund is vital to participation in meaningful consultation and engagement by indigenous communities and organizations, including on such issues as land and resource planning.

It has a number of objectives:

- assist First Nation and Métis communities and indigenous communities in building consultation and engagement capacity, as well as the organizational capacity and expertise necessary;

- create jobs by building capacity to engage in economic development;

- assist in developing and improving relationships and partnerships among governments and indigenous organizations and communities; and

- assist in improving the quality of life and in closing the socio-economic gap that exists between indigenous and non-indigenous peoples in Ontario.

The results have been positive. In 2016-17, we will be funding 108 projects, representing 158 communities across Ontario.

A few words about water: According to Health Canada, 32% of Ontario First Nations reserves do not have access to safe, clean water. We are concerned about the health and safety of all residents of Ontario. We want to ensure that all residents have access to safe, clean drinking water. Although the federal government is primarily responsible for water quality on-reserve, Ontario is committed to working with First Nations and the federal government to improve the state of water on-reserve.

In the spring of 2015, the Ministry of Aboriginal Affairs and Ministry of the Environment and Climate Change developed an action plan to improve First Nations' drinking water in Ontario. The action plan received support, interestingly enough, from the previous federal government and Chiefs of Ontario.

In April 2016, Canada, Ontario and the First Nations met to set up a tripartite steering committee to establish objectives and a governance structure for collaboration

on drinking water. A follow-up to the working group meeting will take place in May of this year, and it will develop a work plan and a critical path forward on the water issue. My ministry will continue to work with the federal government and First Nation leadership to deal with this issue of safe drinking water on-reserve in Ontario.

In conclusion, just let me offer one or two thoughts. Living together in Ontario, we should all—all of us—share in the benefits and obligations of the treaties. Together, we can make that real difference. We have to understand our respective responsibilities under the treaties.

From my conversations when I visit First Nations, when I have meetings with private sector entities, when I have casual conversations and when I talk to my colleagues in the Legislature here from all the parties, I sense a real willingness and a real recognition of the need to deal with the issues that I've highlighted in my remarks and to move towards an era of true reconciliation.

We should continue to build on the momentum and the energy that has already been built. But more importantly, we should look for even better ways and more ways to accelerate this success and get to where we want to go faster. Thank you.

**The Chair (Ms. Cheri DiNovo):** Thank you.

We now move to the opposition. We're back to 20-minute rotations.

**Mr. Norm Miller:** Thank you. The last time I had the opportunity to ask questions, we were talking about the Algonquin land claim. We were kind of partly through that. I think that the last response I had was about next steps. From what I understand there was going to be a bit of a pause, allowing some time for the communities to look at what's been proposed. Maybe you could follow up on that as to how long the pause will be, and then, beyond that, what happens next.

**Hon. David Zimmer:** I'm going to refer that to the deputy, who in turn will answer it or refer it to—

**Mr. Norm Miller:** Thank you.

**Ms. Deborah Richardson:** I can speak quickly to it, I think. Pikwakanagan and others need time to digest in terms of what their next steps are. We're still open and willing to continue to move on. I can't speak to the timing specifically. I know that within Pikwakanagan, they're determining what their next steps are, and then the Algonquin globally are determining what next steps are. It's a fine line to dance, because we can't really push all the parties to say what's happening today. I think we really have to work collaboratively with everybody. But ADM Didluck might be able to add some additional specifics.

**Mr. David Didluck:** Thank you—

**The Chair (Ms. Cheri DiNovo):** Again, if you could just introduce yourself and your title first. Thank you.

**Mr. David Didluck:** Sorry, I've forgotten again. David Didluck, ADM of negotiations and reconciliation.

The question you ask, member Miller, is an excellent one. To the minister's and deputy's comments, obviously



we're creating space for the Pikwakanagan and the larger Algonquin community to have internal discussions.

The key is this—and we've certainly reminded our federal negotiating partner of this, and they share the view with us: The 20-year investment that the two crown governments have made, particularly with the 85-odd municipalities within the claim area, the 36 specifically that would be impacted by the land selections—the relationships that we've built in the process of working together to figure out on the ground what the modern-day treaty would look like from a land and resource perspective, including with our fisheries, our wildlife groups, the various cottagers and private users of the crown land base, working with the Ministry of Natural Resources and Forestry—all those have been long-term investments. It's a long way of saying that we don't want to turn away from that investment. We've made that front-end investment, and I think the goal is to allow, as the deputy had noted, some space for the communities to internally decide if the parameters of this agreement in principle—do they support, and is it going to achieve, the longer-term reconciliation?

What we continue to hear back from the Algonquins and also the Pikwakanagan community is that the parameters of the AIP are something they support. After all, their leadership took these agreements out to a community vote. But the main issue that remains is really for Pikwakanagan. They are the only reserve-based community.

We have to look at it, perhaps, from their perspective. At the end of this modern-day treaty, that reserve no longer exists. Section 91(24) in the Constitution, which means the Indians and lands reserved for Indians which were attached to that, no longer exists. That's a fundamental change of identity, so we appreciate that that's going to take some time for the community to work through.

In terms of time frame, we've been talking to all of our ministry partners to continue the internal work. There's lots of fishery studies; there's lots of preparatory pieces around self-government; conversations still with municipalities around consultation on the land component, including if the agreement moves into final agreement negotiations; there would need to be a declaration order; there would need to be an environmental assessment. There's a lot of work to do still. That will continue in the interim period, until we get a firmer response from the community. I think we'd like to be in a position of saying within the next six months there's clarity, but again, that is a very rough time frame.

**Mr. Norm Miller:** If you reach that clarity in the process, then, is there more public consultation for the various municipalities and all those other groups that you've just described, which you've invested so much time with—the fish and wildlife groups, the municipalities and landowners and all the various people affected?

**Mr. David Didluck:** Absolutely. There were 200 meetings with over 2,000 individuals in the consultation process leading up to the release of the draft agreement in

principle. If the parties come to a consensus that that agreement in principle is sound, it's the basis to move into the next phase.

**1650**

Again, the work doesn't stop. Remember that an agreement in principle is just that. It's not actually a constitutionally protected treaty. It's not actually a legally binding document. It's an agreement between the parties of principles. It means that there's still work to be done.

The estimated time frame: If I'm going to anticipate, your next question, Mr. Miller, is, "How long after that?" As I suspected that might be where you're going, again, I refer you to some of the comparative examples nationally. We talked about British Columbia a bit this morning; they're 35-, 40-year time frames. I think our best estimate, as we've advised the minister and deputy, might be an additional five to six years before we would actually see the final agreement.

Keep in mind that that final agreement has to be passed by the federal Legislature, by the Algonquin through a vote, and certainly through the provincial Legislature. It would require legislation to implement, so as you can appreciate, there would be some implementation time required there.

**Mr. Norm Miller:** I guess I might as well stay on this sort of theme. I think you mentioned before that you have a mandate to increase awareness with regard to treaties. I think you were talking about the posters you were handing out in 5,000 schools around the province. Can you update me on what's happening with that process, please?

**Hon. David Zimmer:** I've got my mandate letter here and I'm going to quote from it. Just a second here. I was waiting for this question because I wanted to get my mandate letter out.

**Mr. Norm Miller:** I've got it here, if you want.

**Hon. David Zimmer:** Have you? Okay.

**Mr. Norm Miller:** I can read it to you.

**Hon. David Zimmer:** I had it here somewhere. Anyway, you've got my mandate letter there. Do you want to know about my mandate letter or about treaties?

**Mr. Norm Miller:** No, I just wanted to know what you had done to satisfy the mandate letter in terms of education about treaties, and also what the anticipated costs of that program are.

**Hon. David Zimmer:** Well, we are committed to working with—just a second. I do want to get my mandate letter out. We had it here because we anticipated that question.

**Mr. Norm Miller:** I have: "Moving forward with a new treaty strategy that will promote constructive engagement with First Nation communities, revitalize treaty relationships and promote improved socio-economic outcomes for aboriginal peoples. You will also develop an education and awareness campaign to increase public awareness, understanding and recognition of treaties and treaty rights."

**Mr. Todd Smith:** You should have it memorized.

**Hon. David Zimmer:** Yes, I do. But I am going to take the opportunity of your question to read my mandate letter into the record.

**Mr. Norm Miller:** The whole thing?

**Hon. David Zimmer:** The whole thing.

**Mr. Norm Miller:** But you've already spoken for an hour.

**Hon. David Zimmer:** But I want the mandate letter on the record.

I received this mandate letter from the Premier on September 23, 2014. It is very important because it's the document that is changing the way we interact with our indigenous communities.

**Mr. Norm Miller:** I don't have that much time. I mean, if we get to the end of the 15 hours and we're running out of things, then that would be good, but I don't have that much time to be able to ask questions, so I'd rather you didn't read the whole mandate letter into the record. I will refer to it, though, in going to the next topic, which is about the duty to consult.

In your mandate letter, it says, "Working with ministers to ensure that Ontario continues to meet its duty to consult and, where appropriate, accommodate aboriginal communities."

I think this is a really important issue. As the mining critic as well, when you talk to mining companies, there seems to be a lot of concern about the uncertainty about their responsibilities in the field as to what they need to do and how every agreement seems to be a little bit different. So there is uncertainty out there.

I guess in the worst-case scenario—I see in the October 29, 2015, Financial Post the case of a Canadian company that's left the province and is suing the province. The headline is, "The Canadian Resource Sector's Messy Duty to Consult."

"The company cancelled further work—even while believing that it had found a world-class mineral deposit."

It goes on: "Next week, closing arguments will be heard in a lawsuit that highlights the Ontario provincial government's slowness in developing clear approaches to the duty to consult aboriginal communities and in offering any clarity to those attempting to operate in the Canadian resource sector."

He concludes by saying, "In turn, that uncertain environment causes challenges for everyone and risks undermining prosperity for both aboriginal and non-aboriginal communities even in circumstances where resource developments might have worked for everyone. Governments facing lawsuits and having to pay out larger sums might turn out to be the pressure needed to get them to work more proactively to establish a clear, predictable legal environment."

The whole article was written by Dwight Newman—he's a professor of law and Canada research chair in indigenous rights at the University of Saskatchewan and a visiting fellow at the James Madison Program, Princeton University. I think this is the case where Northern Superior Resources, a junior exploration company, is suing the Ontario government for \$20 million.

It seems to me—and I say it having talked to mining companies—that there is a lot of uncertainty out there. What are you doing about having more certainty and more of a solid template so that the people involved in the mining industry know what to do and so that the aboriginal communities are going to benefit from the development of mines? I think we would all agree that that's a positive and one of the best reasons for hope for aboriginal communities, particularly when you look at remote ones like in the Ring of Fire, for example.

**Hon. David Zimmer:** That's a very good question. I do agree with the tail end of your question—that this is something that we want to improve upon, that we want to get right, and we want to have a meaningful and fair consultation process so we avoid these issues that you've raised.

A while ago, this issue came directly to the attention of the Premier and the Premier's office. A meeting was convened with the relevant ministries, and we decided that what we needed in Ontario was a comprehensive review of our consultation process. The reality was we were hearing from different entities in the private sector, often from different ministries, different people who had different ideas about how the consultation process worked, how deep the consultation process had to be, what outcomes should be looked at in terms of the end result of the consultation process and so on.

Having recognized that problem, a review led by the Ministry of Aboriginal Affairs has been established. We are working with other ministries, so forestry and mines and so on. We are working with the private sector. We are working with others who have a view on this issue, who have to work with these issues on a day-to-day basis.

I'm going to ask the deputy now to give a report, if you will, on where that consultation review is. It started a number of months ago, probably six months ago. The idea is that at the end of that review, we will have a sounder basis, a set of common themes or approaches, to approach the consultation process, so everybody's working from the same playbook, if you will.

Deputy?

1700

**Ms. Deborah Richardson:** MPP Miller, you're exactly right. I think that people are looking for clarity. There are a lot of moving pieces. You've got the Supreme Court of Canada ruling that talks about the legal duty to consult and accommodate, then you have the federal government recognizing the UN Declaration on the Rights of Indigenous Peoples, and then you have industry asking for what the rules of the game are.

What we are undertaking—and actually, the director of the consultation unit, Matt Garrow, is sitting here if we have more detailed questions. What we did is we compiled a little consultation project team and we brought in other ministries that actually do direct line consultation. We borrowed resources from within existing resources to start to look at what else is out there and what others are doing. We're also working with indigenous partners to



engage, to start having conversations. We've also been meeting with the mining sector, as well as the forestry sector, on looking at how all of this looks. So we're hoping to be able to bring something forward, probably in late fall, to start to look at all these different pieces, whether it's the resource revenue sharing piece, whether it's the consultation piece and the UN declaration, and what a bit of a plan is or a road map going forward. That's sort of what we're working on internally.

The other thing I did want to speak to is what the New Relationship Fund does, because before the New Relationship Fund was announced in 2008, communities were being inundated by environmental assessment requests or even requests from municipalities of, "This sidewalk development is happening," in terms of the legal duty to consult. So you can imagine a First Nation that has very limited resources with a pile like this on their desk of EAs. What the New Relationship Fund did was establish a core body in every single community. Then there became a point of contact for communities, in terms of a point of contact for industry and for others. So that's another thing that the New Relationship Fund did.

I didn't want to miss your other question around treaties, because I think it's a very, very important one. You did ask the question about what we are doing with treaties.

**The Chair (Ms. Cheri DiNovo):** Just a reminder, you have about two minutes.

**Ms. Deborah Richardson:** Two minutes? So we are directly engaging with indigenous partners in terms of—when we talk about treaties, what do you mean? Right? What do you mean in terms of treaties? Some will say sharing, some will say food security, and a whole different range of things. The first piece that we're doing is engaging, which is huge, because the province never had authority to be able to do that before. We were able to get authority for that.

The second piece is around public education. We've been working with a number of partners around providing tools to teachers to be able to teach about treaties in the schools. For example, we worked with the Anishinabek Nation, or the Union of Ontario Indians, on the creation of a Lego toolkit of a wampum belt that gives a teaching curriculum for teachers. It's now been translated into French as well, so it's in English and French. That's a tool available.

Myself and my staff, we actually go into public schools to provide an overview of indigenous people in terms of who they are, treaties, what treaties are and all the different lenses that are available. Those are some of the things that we do within the province in terms of public education, and we also are providing advice and counsel to the Ministry of Education, who is working in terms of developing some curriculum on residential schools and treaties.

**The Chair (Ms. Cheri DiNovo):** You have 30 seconds.

**Mr. Norm Miller:** Thirty seconds. Coming back to the duty to consult, because I think that's really important

for First Nation communities and for industry in Ontario as well: In your review that you're doing, are you also looking outside of Ontario to see maybe where other areas have handled the situation differently?

I know in Ontario you kind of delegated, in many cases in the mining sector, the duty to consult to industry. I believe it's Saskatchewan where they have not done that. I just know that they have a much higher rating in the Fraser report on mining than we do, for example. So I'm just asking if you're looking at other jurisdictions.

**The Chair (Ms. Cheri DiNovo):** Thank you, Mr. Miller—

**Ms. Deborah Richardson:** Absolutely.

**The Chair (Ms. Cheri DiNovo):** —I'm afraid your time is up. Madame Gélinas, you have 20 minutes.

**M<sup>me</sup> France Gélinas:** Just to piggyback on what he just said: This morning you mentioned that you had 64 land claims; 47 of them are in negotiation. You mentioned about \$121 million in settlements. When I looked in your estimates book, it's quite obvious that it doesn't come from your ministry, because you haven't got \$121 million.

When I'm trying to follow the money—first of all, where does the money to pay the lawyers and the people to do the work come from? Then, where does the money for the settlement come from and where in the estimates book would I find it?

**Hon. David Zimmer:** Just the short answer—then I'll ask the CAO to give the details—there's a placeholder in the estimates, which is a nominal amount, because when the claims are paid out monies are transferred from finance or whatever the other ministry that it comes from. It flows into our office, if you will, and right out. So we don't set aside MAA money to settle the claim, other than a placeholder. The money flows in and flows out. That's why it's not reflected in here.

A more detailed accounting explanation will come from—

**Ms. Paula Reid:** Hi. My name is Paula Reid. I'm the chief administrative officer for the ministry.

As the minister just outlined, within our printed estimates, we have a statutory appropriation line that's \$1,000 because each year the ministry does not know absolutely which land claims will be settled or how much the cost to settle the claim may be. So that's why we're provisionally given \$1,000.

Each time, we do go back to Treasury Board and cabinet to seek that approval in the appropriation. We usually do it in two steps: We go and ask for a mandate to do the negotiation, with some parameters, so that we understand what the impact will be. Then we go back when we have the draft agreement or land claim in place.

Sometimes there is a transfer of land, so the Ministry of Natural Resources and Forestry is involved because they are the crown-land holder. There is some impact when we transfer land to the federal government to assign it to a reserve.

There is also, within our printed estimates, some funding that we do use to help the communities participate in

the land claims with us. There is also a provision within our printed estimates from our salary line—salary and wage appropriation—where we do pay our own internal negotiators and legal staff who go out and do the negotiations with the community.

**M<sup>me</sup> France Gélinas:** I'm looking at page 33 of your estimates book. Salaries and wages: \$4,096,314, or about \$4 million. That's ministry administration, Ministry of Aboriginal Affairs, for a total of about \$13 million in employee salaries and wages. All of the people who negotiate those land claims are captured within that \$13-million line?

**Ms. Paula Reid:** All of the staff within MAA proper are within that \$13.2 million.

**M<sup>me</sup> France Gélinas:** Would there be staff paid by other ministries also participating in those negotiations?

**Ms. Paula Reid:** Not within our allocation, no. But if we have to seek legal counsel through the Ministry of the Attorney General, they would have provision within their ongoing business to assist us with some of that. That would be buried within their printed estimates.

**M<sup>me</sup> France Gélinas:** Okay. Any money given to—any support, I should say, given to the First Nations to be able to enter into those land claim negotiations: Where does that money come from and where does it show?

**Ms. Paula Reid:** That is within our printed estimates. It's under transfer—

**The Chair (Ms. Cheri DiNovo):** Could you move the mike a little closer?

**Ms. Paula Reid:** Oh, sorry. I feel like I'm yelling. My apologies.

**The Chair (Ms. Cheri DiNovo):** Move close to the mike.

**Ms. Paula Reid:** Where we provide money to the communities is through a transfer payment. I'm not exactly sure where it is in the book. Within our printed estimates, it is under "Support for Community Negotiations Fund," which is \$3.2 million.

**M<sup>me</sup> France Gélinas:** Okay, so the \$3.2 million is what the 47 communities in negotiations—they share that \$3 million?

1710

**Ms. Paula Reid:** Yes. That's where we would provide additional money when we are in the process of negotiating with them, for them to participate in the process with us.

**M<sup>me</sup> France Gélinas:** So if I wanted to have an idea as to altogether how much in salaries and legal fees from your ministry, from the AG and from the other ministries were put in to come to a negotiated land claim, would that ever be feasible or possible?

**Ms. Paula Reid:** Yes, I think we could come up with it. I don't have that off the top of my head.

**M<sup>me</sup> France Gélinas:** So you never keep track as to how many resources the Ontario government has put in to come to a land claim settlement?

**Mr. David Didluck:** The short answer is that we do. Just to give you a tangible example: In fiscal 2015-16, it's about \$13 million, all in negotiation—the operational

costs to the ministry to negotiate. That includes the large-scale Algonquin claim and the other land claims that we're working on across Ontario.

You could look in estimates and break down the budget of my division into its respective parts. We have a negotiations branch, and of that branch, there are two line items for a director and deputy director. For all of the staff of those individuals, the budget for the staffing costs works out to about \$3 million.

We could go down further and look at transportation expenses. To the CAO's point, yes, we could develop that. But to give you some rough numbers, it's about \$3 million in a year for staffing costs alone, and the overall cost of administration for 2015-16 as a measure was about \$13 million.

**M<sup>me</sup> France Gélinas:** All right, but that is not claim-by-claim. So if a claim takes 30 years, at \$3 million that would be a lot of money.

**Mr. David Didluck:** I understand the calculation you're trying to make. I think the challenge, of course, is that claims are always moving at different paces and different speeds. No two claims are typically the same because they're rooted in the treaty history and whatever legal obligations are owed to the crown. It's very common where we would have a negotiator working with multiple communities. I won't name the negotiator by name, but I have a negotiator working on a group of flooding claims. That individual is managing about 14 files at one time. There could be another negotiator who might be attached to one or two claims because of their size and complexity.

So you can't do a per capita calculation for how many staff per claim equal a dollar figure. You would have to look at the annual costs that we're quoting here and calculate it out by the number of claims that are in the system at the moment, the 48 that are accepted. You could get a rough calculation per claim, but I would caution members in making that calculation, because you could do that and you would find that the per capita for Algonquin would be the same as a tiny treaty land entitlement claim in northern Ontario. They're apples and oranges in terms of calculations.

So, we do track the numbers; it's just hard to do it claim by claim.

**M<sup>me</sup> France Gélinas:** Okay, so the answer to my question—do we know how much the government invests in good people like you to come to a settlement, by settlement?—is, "We don't know"? We put in the resources that are needed to get the job done, but we don't know what those resources are in numbers?

**Ms. Paula Reid:** We do. In each year, as David has mentioned—

**M<sup>me</sup> France Gélinas:** No, per claim, not per year. Once we reach a claim, we know what the settlement amount for that claim is, but we don't know how much the government has invested to get there—per claim, not per year.

**Ms. Paula Reid:** As David was mentioning, because individual staff may work on multiple claims, they're



also working on reconciliation activities, normal travel—those types of activities. We would be requiring staff to actually log their time—

**M<sup>me</sup> France Gélinas:** It's okay to say you don't have it.

**Ms. Paula Reid:** We don't have that information.

**M<sup>me</sup> France Gélinas:** That's just fine. When you did mention the \$121 million in settlement—this is for this year?

**Ms. Paula Reid:** No.

**M<sup>me</sup> France Gélinas:** That's the number that the minister mentioned this morning, when he was talking about 64 claims: 47 are in negotiations, and \$121 million in settlement.

**Hon. David Zimmer:** Let me offer an analogy here that might clear it up. The assistant deputy has referred to one of his negotiators, who is working on 14 claims, and another negotiator, who is working on three—

**M<sup>me</sup> France Gélinas:** I've moved on, Minister. I'm asking about the \$121 million in settlement. Is this for the last three years, or is this just this year's transfer?

*Interjections.*

**Hon. David Zimmer:** Well, here you go. Deputy, you can give the answer.

**Ms. Deborah Richardson:** Specifically, since 2003, Ontario has settled 18 land claims and land-related matters, involving the transfer of 58,604 acres of land to Canada, to be added to First Nations reserves. The compensation package has totalled \$121,491,000.

**M<sup>me</sup> France Gélinas:** So that's for the last 13 years?

**Ms. Deborah Richardson:** Yes.

**M<sup>me</sup> France Gélinas:** And that happens to be for 13 claims?

**Ms. Deborah Richardson:** Yes.

**M<sup>me</sup> France Gélinas:** Okay—

**Ms. Deborah Richardson:** No, 18 land claims.

**M<sup>me</sup> France Gélinas:** Eighteen claims in 13 years.

**Ms. Deborah Richardson:** Yes.

**M<sup>me</sup> France Gélinas:** Okay, thank you. I just wanted to be clear on that.

I still don't know in which book of estimates I look to see where that \$121 million came from. I fully understand that you have a line to allow you to do the transfer. What I'm not so clear on is, if I looked at the Ministry of Finance, will I see a line for land claims, so I know how much was paid each year?

**Ms. Paula Reid:** That would appear in our public accounts, and it would be under our settlements. If you add up those 10 years, part of that would be under that statutory line that we would be able to rebuild that.

**M<sup>me</sup> France Gélinas:** I don't know what a statutory line is.

**Ms. Paula Reid:** Oh, sorry. It's the \$1,000 line that appears in our printed estimates. We'll have a far bigger number in the public accounts, that same line.

**M<sup>me</sup> France Gélinas:** Okay. So if I go through the public accounts and look at that line, then year by year, I will see how much money you have transferred.

**Ms. Paula Reid:** Right.

**M<sup>me</sup> France Gélinas:** Okay. But I won't know to who?

**Ms. Paula Reid:** Right.

**M<sup>me</sup> France Gélinas:** Could I ask you to do that work, rather than me, and let me know how much money went to who and when?

**Ms. Paula Reid:** In the public accounts, absolutely, we can build that for you.

**M<sup>me</sup> France Gélinas:** Okay, thank you. I'm sure that you will be way better at it than I could ever be.

**Ms. Paula Reid:** No problem.

**M<sup>me</sup> France Gélinas:** Okay. These are one-off questions that I want to put on today before my time goes. Minister, it's something that I have talked to you about, and I know that you have made a trip to go see those good people in Wahnapiatae First Nation.

Wahnapiatae First Nation is a tiny, weeny little First Nation—one kilometre square—on the side of Lake Wanapitei. For reasons unknown—and I will show my bias—because somebody down south did not even know they existed, they decided that all of this vast land, where nobody lives, should be in the riding of Timiskaming. Then, on the ground, there is a thriving First Nation, with beautiful resources, who live there and are in the wrong riding. They are minutes away from my constituency office. They come to me for constituency work, and I'm quite happy to service them. But when it comes time to vote, they look on the ballot and my name is not there, because they're not in Nickel Belt. They're in another riding.

We had an opportunity to do boundary changes, and we changed the boundaries so that we would have 122 ridings, just like the federal government did. It was a bonus opportunity to make sure that Wahnapiatae First Nation got put into the right riding, which is Nickel Belt, and not Timiskaming—Cochrane, which is three ridings and a seven-hour drive away.

But members of your party decided that that was going to open up a floodgate of First Nations who would want to change ridings. I did write to every single First Nation and ask them if any of them were interested in changing ridings, and I can assure you that none of them are except for Wahnapiatae First Nation. I'm asking you again, Minister: When will the ridings of Nickel Belt and Timiskaming—Cochrane change so that Wahnapiatae gets to vote in the riding where they live, not seven hours and three ridings away from where they live?

1720

**Hon. David Zimmer:** Thank you. You did raise that issue with me. Subsequent to that, I did pay a visit to Wahnapiatae First Nation. We had a very good visit. We had an afternoon discussion about a host of issues that Wahnapiatae was dealing with. They did raise this issue. As you know, this is a federal boundary commission issue. As you have written to all of the First Nations and others, I hope that you will take the same time and engage the federal government on this issue.

**M<sup>me</sup> France Gélinas:** No, at the federal level they are in Nickel Belt. The federal got it right. At the federal

level, they're quite happy. Federally they're in Nickel Belt. It's only provincially that they're in Timiskaming-Cochrane. The feds are quite happy to lend their support for the provincial government to do something, but there is nothing they can do. They've already got it right.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have just about three minutes left.

**M<sup>me</sup> France Gélinas:** So what can we do to get those good people in the right riding?

**Hon. David Zimmer:** Well, I will take that under advisement. Thank you.

**M<sup>me</sup> France Gélinas:** All right. How much time do you figure that advisement will take?

**Hon. David Zimmer:** I will take that under advisement.

**M<sup>me</sup> France Gélinas:** All right, so if I say before the next election? Scheduled for 2018?

**Ms. Sophie Kiwala:** Sorry, can I make a point of order?

**The Chair (Ms. Cheri DiNovo):** Point of order, Ms. Kiwala.

**Ms. Sophie Kiwala:** I'm just not sure what this line of questioning has to do with a line item in estimates.

**The Chair (Ms. Cheri DiNovo):** It's not a point of order, but thank you. We'll continue. Madame Gélinas?

**M<sup>me</sup> France Gélinas:** So is there a chance that it will be done before the 2018 election?

**Hon. David Zimmer:** By advisement, I have noted your comments and I'll just let it stop there.

**M<sup>me</sup> France Gélinas:** Okay. Would a private member's bill help you?

**Hon. David Zimmer:** I've taken the matter under advisement and I'll let the matter stop there.

**The Chair (Ms. Cheri DiNovo):** Just as the ministers are quite free to say whatever they want—you're quite free to follow whatever you want to follow in terms of lines of questioning—so is Madame Gélinas and the official opposition. I hope that satisfies your concern.

**Ms. Sophie Kiwala:** I'm just not sure if this is relevant to the discussion that we should be having at estimates.

**The Chair (Ms. Cheri DiNovo):** It's about First Nations. It's about, presumably, this portfolio.

**Ms. Sophie Kiwala:** Estimates.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you now have a minute and a half if you'd like to move on.

**M<sup>me</sup> France Gélinas:** You've met with Chief Roque. They are small in territory, but they are growing. They are a tremendous First Nation. All of them are educated. All of them have good jobs. They are self-employed. They do a ton of work in environment. They are a model to follow for many other First Nations. They do environmental work all over the globe.

Not very often do they turn to the provincial government for help, but this time they did. They turned to the Ministry of Aboriginal Affairs and said, "This has been going on for too long. We need this to be settled." To

take it under advisement—I'll respect this, but I want more.

**Hon. David Zimmer:** Well, you've heard my remarks—my opening remarks, my closing remarks. You've heard remarks from the deputy and assistant deputy about this idea of consultation. When you raised this matter with me and Wahnapiatae raised this matter with the ministry, we thought about it and we organized a trip up there. We have met with the chief and band council on this issue. We are taking our consultation theme that I've talked about, and that has been a part of the day's discussions. In that sense, I am taking your comments under advisement.

**M<sup>me</sup> France Gélinas:** You raised their expectations—

**The Chair (Ms. Cheri DiNovo):** I'm sorry, Madame Gélinas. Your time is up. We now move to the government side. Ms. Kiwala.

**Ms. Sophie Kiwala:** Before I begin with my question, I just wanted to provide you with a little bit of context on my question. As you know, I was elected for the first time on June 14, 2014.

One week later, on June 21, 2014, was National Aboriginal Day. I went to National Aboriginal Day, one of my first official functions. I was very happy to be there. I saw a friend of mine there, a Mohawk grandmother who was in her wheelchair watching the proceedings down below, in the atrium at Kingston city hall. She had not heard about the results of the election. When she saw me, she asked me who had won the election.

*Interjection.*

**Ms. Sophie Kiwala:** I hope you're listening; it's a good story.

When I told her that I won the election, she looked at me and she grabbed me and gave me a great big hug, cheek to cheek. Tears streamed down her cheek. She said to me, "Things seem to be coming into place now." I said, "What do you mean by that?" She said, "Well, I think that the right people are coming into the right place now, and I see that with you winning this election." I thought, "Wow, that's pretty weighty."

Of course, at that time, there was a lot of discussion about a national inquiry for the missing and murdered aboriginal women and girls. Following that time when we came back in September, I learned that I had my first opportunity for a private member's bill. I brought forward—I'm sure you probably remember—a motion to ask the federal government for a national inquiry on the missing and murdered aboriginal women.

I just wanted to say that Laurel Claus-Johnson, that grandmother that I told you about, was right. I feel like we are in a good time right now. I think that the right people are coming into the right place to advance aboriginal and indigenous causes throughout our province. I have to say that I have been very inspired by the work of the ministry, and not just this ministry but many other ministries that have worked together to support indigenous peoples across this province.

Back to the meat of the question: We all know that indigenous women are nearly three times more likely



than non-indigenous women to experience violence, whether it's assault, robbery or sexual assault. In the past five years, 15% of indigenous women have been victimized by a spouse, compared to only 6% of non-indigenous women. First Nation, Métis, Inuit and urban indigenous organizations are unanimous in identifying violence against indigenous women as a priority issue in their communities, and have applied significant effort to raise awareness of this issue.

I understand that the Ministry of Aboriginal Affairs currently co-chairs Ontario's Joint Working Group on Violence Against Aboriginal Women and supports a number of high-priority and high-profile initiatives that engage several ministries across government, indigenous partners across the province and members of the joint working group on this issue.

I know that Ontario has long supported the call for a national inquiry into missing and murdered indigenous women in Canada. I have to say that I was very happy to have unanimous support of that motion in the Ontario Legislature in 2014.

I'm glad to see that we will be an active participant in the national inquiry that was launched by the federal government in December 2015. I understand that your ministry worked to support the national aboriginal organizations, the NAOs, for the second National Roundtable on Missing and Murdered Indigenous Women and Girls, in Winnipeg last February, which you attended with the Premier.

1730

At the round table, Ontario presented a proposed Canada-wide prevention and awareness campaign to focus on changing public perception and attitudes to help end violence against indigenous women and girls, and I'd like to compliment you and your ministry on that effort.

My question to you, Minister, is: Can you provide more details on your ministry's involvement with the joint working group?

**Hon. David Zimmer:** Thank you very much for that question, because it provides the opportunity to discuss a very real and sensitive issue, and an issue that needs addressing.

Our government is very troubled—indeed, we all are; everybody—by the high rates of violence against indigenous women and girls. According to Statistics Canada, indigenous women are three times more likely than other Canadian women to report being victims of violence. The government of Ontario established the Joint Working Group on Violence Against Aboriginal Women in 2010 to address the high rates of violence against indigenous women and their families.

The joint working group had a very significant role in the development of the Walking Together strategy, which I've referred to a couple of times. Again, I urge everybody to have a look at it. It is, in many ways, a foundational document.

Ontario is considering a variety of options to support indigenous partners in implementing the long-term strategy. Partners are continuing to be consulted and will be engaged throughout the entire process.

But as we chart forward on the implementation of the long-term strategy, we have to work hand in hand with the indigenous organizations, we have to work hand in hand with the federal government, and we have to work hand in hand with other provinces and territories to strengthen the existing initiatives and to take a very coordinated approach to ending violence against indigenous women and girls.

Let me tell you something about the joint working group. The joint working group is currently co-chaired by the Ontario Federation of Indigenous Friendship Centres and the OWD, the Ontario Women's Directorate, and consists of officials from 10 provincial ministries. That includes aboriginal affairs, Attorney General, citizenship and immigration, children and youth services, education; Ministry of Training, Colleges and Universities; community and social services, community safety and correctional services, Ministry of Health and Long-Term Care, and the Ministry of Municipal Affairs and Housing. It's a part of what we have been referring to over the past few years as the "whole of government" approach. The idea is not to deal with this thing silo by silo by silo.

We also have representatives from the many indigenous organizations, including the Chiefs of Ontario, the Independent First Nations, the Ontario Federation of Indigenous Friendship Centres, the Ontario Native Women's Association, and Métis Nation of Ontario.

The joint working group has been guided by the Strategic Framework to End Violence Against Aboriginal Women, which was developed by our indigenous partners and includes recommendations for broad actions on this issue.

An evaluation of the joint working group was completed just recently, in December 2015, with key outcomes highlighting that indigenous and ministry partners should continue to play an advisory role in the implementation of a long-term strategy, although there is an opportunity to modify the current working group structure.

The joint working group has been responsive in addressing the call to end the violence against indigenous women and girls. The establishment of the relationship between indigenous and ministry partners was considered a success of the joint working group.

The key findings suggest that the current format and processes of the joint working group need some re-positioning in order to maximize the role of indigenous and ministry partners and fully engage partners in implementing the long-term strategy.

The long-term strategy includes proposed initiatives under the pillars of prevention, awareness, socio-economic conditions, community safety, healing, policing and justice, children and youth, government leadership, accountability, and data and research. The total cost of the strategy is \$108 million over three years: \$100 million of that is in new funding and the remaining \$8 million will be managed from within existing allocations.

The investment is going to focus on six areas of action: first, supporting children, youth and families; second, community safety and healing; third, policing and justice;

fourth, prevention and awareness; fifth, leadership, collaboration, alignment and accountability; and last, data, research and performance measures. Performance measures are very important when we're dealing with an issue as serious as this and with the amounts of money that we're investing in the strategy.

The majority of both new and existing funding will be used for front-line service delivery of supports under the long-term strategy and awareness training. The strategy includes support for a Canada-wide public awareness campaign in Ontario—the Ontario portion of it—including adapting it, as appropriate, to the Ontario context.

The Premier has publicly committed that Ontario will provide \$1.15 million to fund the creative and production costs for the national prevention and awareness campaign. That's a campaign to change attitudes and prevent violence against indigenous women and girls.

This is a commitment that arose from the Roundtable on Missing and Murdered Indigenous Women and Girls. The outcomes of this campaign will include increased awareness of the racism and sexism that are in many, many ways the root causes of this violence against indigenous women and girls. It will change attitudes. It will change norms. It will change behaviours that perpetuate violence against indigenous women. We are looking for a cultural change here.

Under the long-term strategy, Ontario has also committed to developing mandatory training for the Ontario public service to address racism, discrimination and bias against indigenous peoples. I spoke a bit about this issue this morning. The introduction of the mandatory cultural competency training was announced by the Premier in February 2016. What that will involve is the Ministry of Aboriginal Affairs engaging with our indigenous partners on the design and development to ensure that the mandatory training is designed to support a wide variety of professions for public servants.

The Ontario government has publicly announced a target of ensuring that all employees of the Ontario public service—and that's approximately 60,000—will receive this training. That training will be delivered from the entry-level clerk right up to the deputy minister sitting on my left, and throughout all ministries.

The training will help to address the pervasive effects of colonization and the underlying racist attitudes, the underlying stereotypes and the implicit biases that are really hard to root out that perpetuate this high rate of violence against indigenous women and girls. We are looking to improve policy, program and service delivery to indigenous peoples. A component on violence against indigenous women will be included in the training.

My ministry, aboriginal affairs, will lead the design, development and implementation of the cultural competency training across the OPS. We will work with all of the other ministries and the Anti-Racism Directorate. The Ministry of Aboriginal Affairs is currently developing an aboriginal inclusion lens that can assist other ministries in considering the implications for indigenous people as they are developing their policies and other actions.

An inter-ministerial working group has been established to provide input to the Ministry of Aboriginal Affairs as we move forward with the development and implementation of the mandatory cultural competency training.

1740

The long-term strategy is also aligned with a number of other initiatives across government—this comes through the whole-of-government approach—including, but not limited to, the enhancing aboriginal voices and control framework, the Aboriginal Children and Youth Strategy, the mental health and addictions strategy, the Ontario Youth Action Plan and the sexual violence and harassment action plan.

We at the Ministry of Aboriginal Affairs will be actively working with our federal partners, because they have the heavy on-reserve responsibilities, to ensure that the initiatives that we take at the provincial level align with the initiatives that are taken at the federal level. Again: whole-of-government idea.

This will include a national awareness and prevention activities program. We will be working with the Ontario Native Women's Association to coordinate Ontario's role in the substantial work across the region, across the province and with the federal government. It will include the alignment of provincial and federal commitments in relation to the federal government's \$40-million national inquiry.

I am going to ask the deputy to speak a little more about this issue.

**Ms. Deborah Richardson:** Thank you, Minister. I just wanted to speak a little bit about the round table that we attended in Winnipeg, which is the second round table with the five national aboriginal organizations and all of the different provinces and territories from across Canada, as well as the federal government.

It was a really powerful event, because you had a lot of families speaking about murdered or missing family members. You needed a box of Kleenex for sure, because it was a very emotional time and there was quite a large delegation from this province of people whose family members have gone missing or were murdered. That was a really powerful event.

**The Chair (Ms. Cheri DiNovo):** Just to let the government side know, you've got under three minutes left.

**Ms. Deborah Richardson:** But what was really moving was a blanket ceremony that was held, where every single family member was draped in a blanket. It's very symbolic, in terms of the blanket themselves, but even the just wrapping around to show that we're all wrapping our arms and ourselves around them to comfort them. Every single family member was awarded one of those blankets.

I think that through that process, we were able to establish a good relationship with a number of the families. As we figure out how the provincial role works in the national inquiry, we have that network now. For example, I know that up in treaty 3, there's quite a network and they're quite organized in terms of the



families of murdered and missing people. But also through the First Nations Women's Caucus, which is a number of female chiefs, they also have a network. They did have one annual gathering with the families and they expressed an interest in having another one.

We need to make sure as this inquiry unfolds that families have supports: the necessary mental health supports and also just supports that they're going to need in terms of what the process is and how things work. We're still waiting to find out from the federal government what that will look like, but we want to be able to be responsive and work with the partners to make sure that we're meeting their needs too and working together collaboratively.

**The Chair (Ms. Cheri DiNovo):** You have a minute and a bit left. Would you like to take it?

**Ms. Deborah Richardson:** I think that another event that I would like to speak to that we are also hosting, as it evolves from province to province every couple of years, is the NAWS, the—

**Interjection:** National Aboriginal Women's Summit.

**Ms. Deborah Richardson:** Right, the National Aboriginal Women's Summit. It's funny how you get stuck on acronyms and you forget what the actual full word is. It's a little alarming, actually.

We will be hosting that here in Toronto this November. It's a number of national aboriginal women's organizations and provinces and territories and the federal government that will come together. We're working right now with our joint working group on how that unfolds. I don't know, ADM Thatcher, if you want to just elaborate a little bit on that.

**Ms. Hillary Thatcher:** It just looks like it's a two-day event at the end of November. All of the national aboriginal organizations will be here.

**The Chair (Ms. Cheri DiNovo):** And that about does it. Thank you. We now move to the official opposition. Mr. Smith.

**Mr. Todd Smith:** I know this is a complex file and we've been talking a lot about it for a long time today. We only have a few minutes left, but I wanted to touch on an issue a little bit closer to my home in Prince Edward-Hastings. One of my municipalities is Deseronto, right along the Bay of Quinte, and, of course, there's the Culbertson land tract issue there as well.

I was just wondering, in the short time that we have before we have to go to the House to vote, if you could bring us up to date on where the province is involved with the Culbertson land tract issue because it's having a devastating impact on the town of Deseronto.

**Hon. David Zimmer:** I'm going to ask Assistant Deputy Minister Didluck, who is the negotiations person, to speak to this.

**Mr. David Didluck:** Great. Thank you for your question. It's a very timely one, in fact.

I attended a meeting with the federal senior assistant deputy minister, Joe Wild, from the Indigenous and Northern Affairs Canada treaty and self-government directorate about a month ago, along with Chief Maracle. As you know, Chief Don Maracle is the chief of the

Mohawks of the Bay of Quinte. As you also know, there is a claim assertion—the Culbertson tract—which includes the town of Deseronto and lands even north of the 401.

The challenge remains that this is a pre-Confederation claim. It is a claim or assertion prior to when Ontario joined the federation and, of course, prior to that date we didn't exist as a province. We have a view, and that would be that our liability would be limited to Confederation and onward. That's more of our issue. The challenge remains the one of debate between Canada and the Mohawks of the Bay of Quinte.

As I understand the issue, the challenge remains that—well, two things, one of which is that there are private land holdings within the tract, and certainly there are lots of private properties within the municipality. The second challenge is that the community has taken a very strong and direct view on a federal requirement to cede, release and surrender the land.

So typically how it works is that there would be an exchange of the uncertainty of the rights for an agreement and the First Nation would be asked to surrender any aboriginal title or lingering interests in that land. It's not a position that the First Nation, as I understand from the chief, is willing to take. There are assertions of sovereignty and there are assertions that date well back before Confederation.

The debate remains, to be blunt, between our federal colleagues and the community on how they would go about trying to resolve that. I think what we've heard from the town—and I know, Minister, you've received some correspondence from area municipalities—is that that creates uncertainty. Unfortunately, that wouldn't be the only part of Ontario where there would be uncertainty because of unresolved land claims, dare I say, although we're working on it.

So on this case, our function has been very much trying to advocate for a federal return to the negotiation table. There is some outstanding litigation involving the province and an individual private landholder, which I can't comment on here, but that is the extent of Ontario's involvement—trying to engage with the First Nation to better understand how might we facilitate some of the economic development and other positive initiatives that they have within the area.

As you know, Chief Maracle is a very strident advocate for his community, but he also has a very solid economic development lens. I believe he is in the process of making an application to our Aboriginal Economic Development Fund as well as our New Relationship Fund for some of the supports to look at those initiatives. Regardless, the underlying claim with Canada remains. That's kind of where things are at.

**Mr. Todd Smith:** Sure. I'm sure you're aware, as well, that the mayor of Deseronto and some other local municipal councillors are very worried about the impact. I believe I had written to you, Minister—it may have been your predecessor—about this. The mayor has said to me that because of the lack of economic development and negative growth in that community and the increas-

ing costs of things like policing and other outside costs on the municipality, he's at a point now where he says that one of these days he's going to come down here to Queen's Park and just drop off the keys to the city hall or to the town hall on your desk and have you take over, because they just can't afford to run the municipality any longer.

I'm just wondering if your ministry works in conjunction with the Ministry of Municipal Affairs in these types of situations—and there are others across the province, as you alluded to, where there is a similar situation—to help those municipalities that are caught inside these types of negotiations, to deal with some of the outside costs, to make life a little bit easier for them until these issues are resolved by the federal government.

**Hon. David Zimmer:** That's a very good question. I'm aware of this issue, and this issue has cropped up at other places throughout the province.

Without being too political here, you heard from the deputy that, essentially, this is a matter between the First Nation and the federal government. I can tell you that in the last nine or 10 years, the previous federal government was—I'll just say that they weren't as engaged, with the same level of passion, as the new federal government is engaged on a host of treaty issues—

**Mr. Todd Smith:** Well, I know that, in this case, the previous federal government had what they thought was an agreement in place, but at the eleventh hour, the chief of the Mohawks of the Bay of Quinte decided not to accept the deal.

And we'll have to end there, I guess.

**The Chair (Ms. Cheri DiNovo):** I'm afraid that the bells call us to the House. This committee will be adjourned until tomorrow, after routine proceedings in the afternoon at 3:30.

*The committee adjourned at 1752.*









## CONTENTS

Tuesday 17 May 2016

Ministry of Aboriginal Affairs .....	E-905
Hon. David Zimmer	
Ms. Deborah Richardson	
Ms. Hillary Thatcher	
Mr. David Didluck	
Ms. Alison Pilla	
Ms. Paula Reid	

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# Official Report of Debates (Hansard)

Wednesday 18 May 2016

# Journal des débats (Hansard)

Mercredi 18 mai 2016

## Standing Committee on Estimates

Ministry of Aboriginal Affairs

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## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Wednesday 18 May 2016

Mercredi 18 mai 2016

*The committee met at 1552 in room 151.*

## MINISTRY OF ABORIGINAL AFFAIRS

**The Chair (Ms. Cheri DiNovo):** Good afternoon, everyone. We are now going to resume consideration of vote 2001 of the estimates of the Ministry of Aboriginal Affairs. There is a total of 11 hours and 55 minutes remaining.

Before we resume consideration of the estimates, if there are any inquiries from the previous meeting that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions.

Are there any items, Minister?

**Hon. David Zimmer:** Not that I'm aware of.

**The Chair (Ms. Cheri DiNovo):** Okay. When the committee was adjourned, the official opposition had 13 minutes left in their round of questions. Mr. Miller, the floor is yours.

**Mr. Norm Miller:** I had asked questions earlier with regard to the duty to consult, so I wanted to follow up a little more on that. Starting off with: In the 2015 Auditor General's report, the issue of the lack of clarity on the duty to consult with aboriginal communities was addressed. The Auditor General went on to state that "one reason for Ontario's low ranking among Canadian jurisdictions in the investment attractiveness of its mining sector is the lack of clarity and understanding around the aboriginal consultation process by all parties involved. In comparison to other provinces and territories, Ontario has delegated more aspects of the consultation process to the private sector, and is less directly involved in the process than other jurisdictions."

Certainly, the track record is such that we've had a lot of companies getting—there's conflict out on the field, where we had, in December of 2009, Platinex receiving \$5 million from the government to end a dispute with the K1 First Nation. They walked away from their project.

In March of 2012, we had God's Lake Resources receive \$3.5 million for surrendering its mining lease near K1.

In May of 2014, Canadian Star Minerals Ltd. announced a lawsuit for \$152 million in damages because it believes Ontario failed in its obligation to perform the consultation with Shoal Lake 39 and 40 First Nation.

As I mentioned previously, there's an ongoing lawsuit for \$110 million with regard to Northern Superior Resources, again regarding failure to consult with First Nations on mining claims.

I know you mentioned that you were in a process of looking at that responsibility. I noted that the government of Saskatchewan seems to take a much more hands-on process. In fact, I'd just like to get into the record what they have with regard to the duty to consult. They do take a much more hands-on approach. The government takes their responsibility to consult—does it themselves, more so than just delegating it to companies.

"The government of Saskatchewan First Nation and Métis Consultation Policy Framework ... presents the government of Saskatchewan's policy on consultation with First Nations and Métis communities for use by government ministries, agencies, crown corporations, First Nations, Métis and proponents. It includes the Duty to Consult Policy, a section on the policy's application to decisions affecting lands and resources, a policy context section and a section on interest-based engagement. The consultation policy framework will also provide direction to government ministries, agencies and crown corporations to establish operational procedures to consistently implement the consultation policy across government.

"In accordance with this policy framework, the government of Saskatchewan is responsible for determining whether a duty to consult is triggered and if so, the level of consultation required. In the case of asserted rights, the government is also responsible for determining whether there is a credible basis for the claim. Government decision-makers requiring assistance interpreting this policy, undertaking pre-consultation assessments and developing consultation plans are encouraged to contact the aboriginal consultation branch, Ministry of First Nations and Métis Relations....

"Although the focus of this policy is on consultation as it applies to treaty and aboriginal rights associated with lands and renewable resources, it does not exclude application to other treaty and aboriginal rights.

"This policy takes effect June 2010, replacing the Government of Saskatchewan Interim Guide for Consultation with First Nations and Métis People."

I just wanted to get that into the record because it seems to me that they're taking a much more hands-on approach and the government is much more directly involved in the actual consultation versus what seems to



be happening in Ontario, which is that the responsibility is being delegated. In cases where the conflict seems to happen, it's junior mining companies that maybe don't have the expertise or understanding of what they should be doing. They think that they can just do what they want, and they end up in conflict. So we've had a bunch of conflict.

**The Chair (Ms. Cheri DiNovo):** Mr. Miller, you have only a few minutes left, just so you know.

**Mr. Norm Miller:** Really?

**The Chair (Ms. Cheri DiNovo):** Yes—sorry; I'm misreading the clock. You have about eight minutes left. Sorry.

**Mr. Norm Miller:** Okay. I was going to say that I thought that went awfully quickly, those 13 minutes.

I guess what I'd like to know is: Is the government considering taking its responsibility to consult in the process that you're going through right now so that we get an improved situation in the province of Ontario which will benefit First Nations, industry, mining companies and prospectors, etc.?

**Hon. David Zimmer:** Thank you for that question, Mr. Miller. It's an important question. The Ontario government want to ensure that indigenous peoples have the opportunity to succeed and fully participate in the workforce and the economy. When indigenous people prosper, all of Ontario prospers. We've been working very hard with our indigenous partners on multiple initiatives to support their skills training, their capacity building, their partnership and improved economic opportunities. These initiatives will help First Nations as well as indigenous-owned companies build the capacity they need to work with willing partners, including private sector partners. The Supreme Court of Canada has made several decisions that have addressed and have refined our understanding of the crown's consultation obligations, including circumstances where accommodation may be required. Accommodation may involve a ministry taking steps to avoid irreparable harm or to minimize the adverse effects of a proposed government action or decision on established or asserted indigenous or treaty rights.

This year, the ministry has taken steps to explore new provincial approaches to consultation—I think that's what your question is getting at. The Ministry of Aboriginal Affairs has formed a time-limited consultation policy project office that is tasked with undertaking engagement with First Nation and Métis partners and industry, to review the province's current consultation practices and protocols and identify opportunities for improvement in that process.

1600

Consultation practices help support the reconciliation between the crown and aboriginal peoples and help to strengthen our relationship with our aboriginal and non-aboriginal communities in Ontario. Successful consultation and, in some circumstances, accommodation can lead to agreements between indigenous communities' proponents and the crown that create opportunities for

new partnerships, employment opportunities and economic spinoffs.

The New Relationship Fund has been designed to support indigenous communities and organizations to participate in a very meaningful way in the consultation and engagement process with government and—to your point—with the private sector. Ontario established the New Relationship Fund in 2008 to fulfill a key recommendation of the Ipperwash report. Since then, Ontario has invested approximately \$111 million through the fund, and we'll invest another \$14.5 million in the upcoming year. That's a total of over \$125 million.

The fund is vital to the participation and meaningful consultation and engagement by indigenous communities and organizations with the government, including lands and resource planning. It has a number of objectives:

- to assist First Nations and Métis communities and indigenous organizations to build the consultation and engagement capacity, as well as organization capacity and expertise;

- to create jobs by building capacity to engage in economic development;

- to assist in developing and improving relationships and partnerships among government, aboriginal organizations and communities; and

- to assist in improving the quality of life and the closing of the socio-economic gap between indigenous and non-indigenous people.

The results have been positive. We will be funding 108 projects, representing 128 communities in Ontario.

The duty to consult is a duty on the crown. Line ministries are responsible for establishing processes to ensure that the crown's duty-to-consult obligations are met under the regulatory processes that they manage.

The Ministry of Aboriginal Affairs continues to work with ministries to develop more specific guidance and guidance tools and information respecting the duty to consult. The Ministry of Aboriginal Affairs supports other ministries in understanding and in meeting the crown's duty to consult. The aboriginal relations and ministry partnerships division of the ministry provides support through corporate advice and facilitation of dialogue between ministries on consultation issues and approaches.

The ministry is also engaged with aboriginal communities and organizations on decisions that may not trigger the crown's duty to consult. The ministry actively promotes and shares good practices for engagement and relationship building with aboriginal partners.

I've talked about the New Relationship Fund and how it's designed to support indigenous communities and organizations to participate in this consultation process—

**The Chair (Ms. Cheri DiNovo):** Mr. Miller, you now do have just over two minutes left.

**Hon. David Zimmer:** I'm sorry?

**The Chair (Ms. Cheri DiNovo):** Continue. I'm just letting Mr. Miller know that he had just over two minutes left.

**Hon. David Zimmer:** We have a suite of other support tools that support the consultation process. They include, but are not limited to—for instance, ministries can access an online application for information about treaties, claims and aboriginal communities, which in turn is linked to the geography and allows for ministries to log and track consultation and engagement activities.

We provide operational guidance on delegation to third parties. It's confidential. It has solicitor-client privilege guidance about delegating procedural aspects of consultation to third parties.

I want to say something about the consultation policy project office. Ontario is committed to meeting its duty to consult. Good consultation practices can only strengthen relationships and help the reconciliation process between the crown and indigenous communities.

Aboriginal communities, industry and others have expressed concerns about Ontario's current approach to consultation. Here are some of the concerns: Aboriginal communities and industry have consistently raised the significance of consultation issues. However, perspectives to date have been very diverse and varied, with no single view on either the problems or the possible solutions.

My ministry has been directed to explore new provincial approaches to aboriginal consultation, including potential supports for aboriginal communities and industry. In order to carry out the work, the Ministry of Aboriginal Affairs, with the active support of other relevant ministries, has established a small and time-limited consultation policy project office. That project office has got a very specific task. It's tasked to work across ministries, with indigenous partners and industry. I always include industry in this—

**The Chair (Ms. Cheri DiNovo):** I'm afraid, Minister, the time is up for the official opposition. We now—

**Mr. Glenn Thibeault:** Chair, sorry to interrupt: Is there any way that we can get the volume turned off on the TV? It's just that I can hear it.

**The Chair (Ms. Cheri DiNovo):** Oh, really, is it? I can't hear it.

**Mr. Glenn Thibeault:** Yes. Sorry to interrupt.

**The Chair (Ms. Cheri DiNovo):** No problem. Thank you for pointing that out.

We now move to the third party. Madame Gélinas.

**Hon. David Zimmer:** I must be aging. I can't hear a thing.

**M<sup>me</sup> France Gélinas:** No comments there.

I would like to talk to you about Mattagami First Nation and an issue that has to do in part with estimates—just so that my colleague can relate to the book of estimates—and that has to do with your Remote Electrification Readiness Program, but specifically for Mattagami First Nation.

Mattagami First Nation answered a request for proposal. The Ministry of Energy issued a request for proposal for 200 megawatts of renewable power in my area; 75 megawatts would be from hydroelectricity and the other 125 split between wind and solar. Mattagami

worked with OPG, and they put together a proposal for six megawatts of power that would be kind of a run-of-the-river project out of the Mattagami River.

It was a good opportunity for them because, as you know, I have read into the record on a number of occasions the dates, times and durations of power outages, both in Gogama and in Mattagami. The power supply out there—Mattagami especially. If you have ever been there, there's a long, long road; you get to the reserve, and this is where the end of the line for the power is, so they have multiple power failures.

You will also know that they have a hatchery. Right now we have three million little baby pickerel hatching in Mattagami, about to find their way into waters and rivers and lakes.

But coming back, we need to do something to improve electricity distribution to the people in Mattagami. Those power outages are horrible. If any of you have ever had a flat-screen TV, you see what happens when you have multiple power outages. All of your electronics die, one after the other; they don't like that at all. Not only do they have power outages, but they also have brownouts, where the grid simply cannot meet their demand.

So they worked really hard. First, it was to convince the elders that they should build on the Mattagami River. It took a long time, a lot of conversations and a lot of discussions, but all of the elders agreed to build that. Then they had to actually put the plans together as to how they were going to do this hydroelectric project. Then they sent it down to IESO.

1610

I have the letter here that IESO sent them on March 9—and I would be more than willing to share it with you, if the Clerk would be so nice as to make photocopies—basically telling them that there was no longer sufficient capacity to accommodate their renewable project. What that really means is that they are saving room on the grid for other investors into our electricity system that have guaranteed room on the grid. You and I both know that nobody will ever go to Mattagami to put in a project if it is not run by the First Nations themselves. They need the electricity. They are at the end of a line. They have put forward a strong and robust proposal, in consultation with OPG. Now they're being told that, no, they cannot use the grid.

I know that remote electrification does not directly apply to Mattagami, but the spirit of it does. If you don't have enough electricity, there are lots of economic opportunities that you cannot capitalize on because you don't have enough electricity.

Don't get me wrong: 90% of the people in Gogama have a power generator attached to their house, because in the middle of the winter, when you don't have electricity for three days, the wood stove will only carry you so far. It's not good for the environment to have all of those generators. They are extremely expensive.

Here, they had a First Nations solution to their own issues, to make sure that they have access to electricity that is reliable and that is sufficient to meet their needs as



well as allowing them some pretty creative economic development activities. And none of this is available to them so that somebody down south—that nobody knows anything about—must be guaranteed room on the grid.

They came to me, and I'm coming to you, to ask, how can you support the Remote Electrification Readiness Program? Your government understands how, clearly, if we don't have a reliable supply of electricity into our First Nations, we're holding them back when it comes to everything: when it comes to the health of their community, their social status, when it comes to opportunity for economic development—and then that.

I'll leave you with that, then. Please help.

**Hon. David Zimmer:** Thank you very much for that question. I have been to Mattagami First Nation. I was up there just shortly after they had the big train wreck. I had both a walking tour and a helicopter tour up and down the Mattagami River where the train wreck occurred. It occurred right on the bridge near the water.

I also had an opportunity—

**M<sup>me</sup> France Gélinas:** It's the Minisinkwa River and not the Mattagami River, but continue.

**Hon. David Zimmer:** Yes. I also had an opportunity to witness the effects of the forest fire that occurred a couple of years before.

I had a full meeting with Chief Walter Naveau and his council. They raised a host of issues with me, and lots of the issues that you've just raised.

With respect to your question about the electrification issue, that's really a matter for the Ministry of Energy to deal with, and you might want to raise those issues with them.

The Remote Electrification Readiness Program that I talked about yesterday is designed for those First Nations that are not already on the grid. Mattagami is on the grid. The issue is, they're not on it in a sufficient way. But that's a matter that is really outside the scope of the Ministry of Aboriginal Affairs—

**M<sup>me</sup> France Gélinas:** This is the part that I don't get. Why do we have a Ministry of Aboriginal Affairs if it is not to help First Nations when they have problems with the different ministries? In this particular case, they're having a hell of an issue with the Ministry of Energy and climate change. Help me. What's the name of this ministry? Chiarelli, anyway. What's his ministry?

**Mrs. Kathryn McGarry:** Energy.

**M<sup>me</sup> France Gélinas:** Energy. They're having a hell of a time with the Ministry of Energy. They feel that the Ministry of Energy does not understand the reality of what it means to be a First Nation at the end of the grid. To be told by the Ministry of Energy that they have to save room on the grid for a yet-to-be-identified, Samsung-type of a guy to come—so that they would have room, if they so desire—is really disrespectful to First Nations. Nobody will come and put any type of an energy-generating system on a First Nation if it is not the First Nations themselves. Why are we saving room on the grid for anybody? Because the only people who will ever agree to do something are the First Nations themselves. They are kind of turning to you.

You've explained before that you're there to make sure that the different ministries understand the cultural differences, and they understand their duties and how to work fully with First Nations. I think it is worth the Ministry of Aboriginal Affairs supporting Mattagami so that they are looked at by the Ministry of Energy through a First Nations lens. To save room on the grid for somebody else may make sense in Mattagami or in Gogama or someplace else, but not on a First Nation. On a First Nation, if it's not them doing that project, it will never get done.

**Hon. David Zimmer:** Thank you for that. As a province, we always support First Nation and Métis participation in the development of energy initiatives. We will continue to review programs and work to improve opportunities for First Nation communities.

As a matter of process, I would urge you, at the first instance, to take that up with the Ministry of Energy. The Ministry of Energy may then have conversations with us, or whatever, but you should raise that in the first instance with the Ministry of Energy.

We are here as a ministry to field inquiries from other ministries, to field inquiries from First Nations and bring the parties together and do what we can to advance the consultation process.

In fact, in the 2016 Ontario budget we announced the creation of the Green Investment Fund, which is a down payment on the province's cap-and-trade. We will be investing \$13 million to support First Nations fighting and adapting to climate change, and to develop micro-grids and energy storage options. That's an important piece.

We're all working to the same end, but I would urge you, as the member, to take this up with the Minister of Energy in the first instance and we'll provide what advice and input is appropriate.

**M<sup>me</sup> France Gélinas:** I guess this is the part I don't fully understand. I don't understand why the Ministry of Aboriginal Affairs is not more proactive to support the First Nations. Why do we have to wait for the Ministry of Energy to say, "Oh, I don't think that we looked at this project through a culturally appropriate lens"? There's a good chance that they will think that their looking at it was through the appropriate lens when it was not.

Why isn't your ministry more proactive in saying, "Ministry of Energy, you looked at this project through the wrong lens. You have to look at this project through a lens that is respectful of First Nations"? A lens respectful of First Nations means that, if there is going to be the building of an energy project on a First Nation, it's going to be First Nations-driven, not anybody else.

**Hon. David Zimmer:** Sorry, I missed the last part.

**M<sup>me</sup> France Gélinas:** If there is going to be an energy project on a First Nation, it's going to be First Nations-driven, not anybody else. Why do we have to wait till the Ministry of Energy sees the error in its ways before you act? Why can you not be proactive and let them know to look at this again through the right lens?

1620

**Hon. David Zimmer:** Well, as a matter of fact, Chief Nadeau—

**M<sup>me</sup> France Gélinas:** Naveau.

**Hon. David Zimmer:** —has been in touch with us recently. Tomorrow, I'm in Timmins for a meeting of NAN for the full day. I know that the issue is going to come up tomorrow in Timmins.

But, again, I urge you to take this up with the Ministry of Energy. Our task then is to provide the best advice and assistance we can to other ministries and First Nations on issues like this. We are prepared to do that and we are well equipped to that. That's sort of our core business, if you will.

**M<sup>me</sup> France Gélinas:** You have to clarify this. I don't like giving First Nations or anybody else false hope. If the chief and band council of Mattagami have an appointment with you tomorrow, you are raising their expectations that you will do something for them.

But then you sit here and tell me that unless the Ministry of Energy comes to you so that you field this inquiry, nothing will happen. There's a disconnect here.

You cannot first give Chief Naveau false hope that your ministry will do something and then sit here and tell me, "Well, unless the Ministry of Energy asks, we're not going to do anything."

**Hon. David Zimmer:** Look, these technical questions about the grid or so on are the Ministry of Energy's responsibilities. If the issue is raised by the Ministry of Energy, if the issue is raised, or has been raised by, Chief Nadeau, I have no doubt—

**M<sup>me</sup> France Gélinas:** It's Naveau.

**Hon. David Zimmer:** —Naveau—we'll be talking about it tomorrow. We will provide the best advice that we can on consultation processes and how to move forward in a positive way on this.

But at the end of the day, the process on electricity issues and grid issues and that sort of stuff starts with the Ministry of Energy. I'm sure that the chief has been in touch with the Ministry of Energy, and I look forward to tomorrow's conversation.

**M<sup>me</sup> France Gélinas:** The \$13 million to support First Nations in renewable energy: Is this something that will apply to Mattagami, or that Mattagami could apply for?

**Hon. David Zimmer:** That fund of \$13 million was announced in the 2016 budget. We are working out the details of how that \$13 million is going to be spent or used or allocated.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have just over three minutes left.

**M<sup>me</sup> France Gélinas:** When can we expect to know more about which First Nations will be eligible and what kind of projects would be eligible to apply for some of that \$13 million to support First Nations in the green economy?

**Hon. David Zimmer:** As you know, the budget was just passed a couple of months ago. We are in the process now. We have made that commitment of the \$16 million. You will appreciate that there a lot of entities that would

like to participate in that funding. We are sorting out the details of how that is going to be administered and allocated.

**M<sup>me</sup> France Gélinas:** Okay. I will use my one minute to finish.

The spirit behind the Remote Electrification Readiness Program, I fully understand. I live in the north. I know what "remote" means and I know what not having a connection to the grid means. But when you are connected to the grid in a way that does not allow you to rely on electricity, you're still at a huge disadvantage. This is what Mattagami deals with all the time. They are the end of the line.

**Hon. David Zimmer:** And those are exactly the kinds of issues that we are working with our whole-of-government approach to correct and to bring the proper balance to so that all First Nations, whether it's Mattagami or any other First Nations, have the right to enjoy the benefits that everybody else does in Ontario of good electricity supply.

**M<sup>me</sup> France Gélinas:** You have an opportunity to do this by supporting this little run-of-the-river project. Thank you.

**The Chair (Ms. Cheri DiNovo):** Thank you, Madame Gélinas. We now move to the government side: Mrs. McGarry.

**Mrs. Kathryn McGarry:** Thank you, Minister and team, for coming to estimates this afternoon.

Minister, going back to last August, 2015, our government signed a historic political accord with the Chiefs of Ontario. As a matter of fact, that ceremony happened right here at Queen's Park, and it was a good day to celebrate that. In the accord, we committed to working together with First Nations to strengthen the treaty relationship and to address issues such as resource benefits and revenue sharing. We also talked about jurisdictional matters that involve First Nations and Ontario.

I also understand that this is something that was requested by First Nations leadership to create a more formal and bilateral relationship with the province at the political level that recognizes the First Nations' inherent right to self-government. I know that this is something that has been in the works for quite a while. I also understand that this is the first time in decades that an agreement like this has been established. As I said, it had been talked about for a long period of time, so it was good to see. It's an agreement that formalizes the Ontario First Nations relationship at the leadership level, and it is framed by the recognition of First Nations' inherent right to self-government.

In saying that, Minister, I understand that, being an historic event, not all of us were part of that ceremony here last August. I'm just wondering what exactly the milestone agreement says and how it will assist in building relationships with the First Nations of Ontario.

**Hon. David Zimmer:** Thank you for that question. The signing of the political accord and the conversations and consultations and negotiations and all of the background leading up to the signing of the political accord is,



in my judgment, one of the crowning achievements that this province has reached with its First Nations. I was at the signing ceremony with the Premier and Ontario Regional Chief Day. That was signed on August 24, 2015.

There was a tremendous amount of work that led up to the signing of that accord. I can tell you that that accord now is serving as the bedrock, the foundational document, of the relationship between Ontario and our First Nations. I have a beautifully framed copy of it hanging in my office, but more importantly, a copy of that political accord was sent to every First Nation in Ontario. Since the accord was signed in August 2015, all of the First Nations that I have visited, I get into the band council and do you know what I see on the wall? I see a framed copy of the political accord. First Nations are just as proud of the political accord as we are as a province. It is a foundational document and we are building on that, taking the next steps that would logically follow from the accord that we've signed.

The accord cements the political—sorry, can somebody get me a glass of water? I made the mistake of eating some peanuts before I came in.

The political accord cements the political relationship between the government of Ontario and the First Nations political confederacy. It frames this relationship with the recognition of First Nations' inherent right to self-government and it identifies the treaty relationship as a matter of common priority. The accord provides a platform for First Nations in the province to work together on common priorities, including the treaty relationship, resource benefits and revenue sharing, and jurisdictional matters involving First Nations in Ontario.

1630

The accord will advance Ontario's relationship with First Nations. This was recently demonstrated through the Leaders in the Legislature event hosted by the Chiefs of Ontario from November 25 to November 26, 2015. This event offered First Nation leaders direct access to various ministers and senior officials from the OPS. That event was held in the Legislature. There were also sidebar meetings near the Legislature and so on. Ten sessions invited First Nation leaders to participate in discussions on priority items: on issues related to health, the environment, youth engagement, economic development, infrastructure, energy, justice and child welfare. On April 18, just last month, 2016, the Premier and I met with the political confederacy to advance the development of strategic, integrated and responsive policies and initiatives across government to improve outcomes for First Nation peoples and create prosperous, healthy and strong communities.

The political accord is aligned with the principles of reconciliation and of mutual collaboration between governments and indigenous peoples. These are all principles that were and are identified in the Truth and Reconciliation's recent call to action.

In the answer that I've just given you, you can see how the political accord serves as a foundational docu-

ment. Since that political accord, as I've said, there have been two major meetings: the one I referred to, November 25 to 26, with the Leaders in the Legislature, and the further meeting with the political confederacy just last month, in April. The idea of those meetings was to start to build on the principles set out in the political accord. We go from the principles in the political accord to details and projects and ideas, and we advance the agenda in that way. That's why it's such an important document, the political accord.

**Mrs. Kathryn McGarry:** Interestingly, I spent some time with Chief Hill from Six Nations recently. There was a Women in Politics conference for young women in Brantford, just in April. It was a non-partisan event, and it was probably the first time that I've actually been to an event like that, as an elected politician, with a chief of the First Nations. It was a proud moment to be able to share onstage with her just some of the perspectives that we each have as elected officials.

I'd have to say that the young women in the room—because it was mostly a session for high-school-aged students, mostly women, but some men there, some of the members of the community. I'd have to say that most of the questions that came to the panelists on the front of the stage really came to Chief Hill. When they were asking her what some of her priorities were for her areas, some of the things that she was talking about were some of the priorities that were part of the accord that I just heard you talk about—about health care, about issues with young people—which is, I think, a fairly large priority for the group in the room.

It was interesting for me to have that different perspective brought forward in a forum like that. I've lived in that area for a long period of time. We've been down to Six Nations to do different events on heritage and environment issues, and we've connected with folks there regarding some of their environmental concerns, realizing that we had a lot of the shared priorities, leading forward, not just in our own communities, but certainly with the Six Nations.

In saying all that, I just wanted to know how the accord is going to help continue to build the relationships with the First Nations of Ontario, and what further response there has been to this historic document in terms of planning for the future.

**Hon. David Zimmer:** Thank you for that observation. I must say, if you had a chance at the Women in Politics meeting to witness Chief Ava Hill in action and get some of her advice, then you've had the rare opportunity to watch a master politician in action—and I use the words "master politician" in the very best sense of the words. She is one of the dynamic leaders in the First Nations community.

But let me tell you what a number of other chiefs' reactions to the political accord were.

**Ontario Regional Chief Day:** When we first announced the agreement about the political accord on June 15, Regional Chief Day was quoted as saying, "I am pleased that the First Nations and Ontario have renewed

their relationship. This accord recognizes that First Nations and Ontario must work together to address the pressing needs of our communities. I look forward to working with Ontario in the spirit of the accord."

Later on, when the accord was actually signed on August 24, Chief Day added this comment: "This political path forward for First Nations in Ontario is the most important collective milestone in modern times. With this accord, First Nations and Ontario have committed to strengthening a new relationship. I look forward to working with Ontario in developing a comprehensive strategy and framework that will fully utilize this accord to advance our jurisdiction and treaty rights...."

The grand chief of Mushkegowuk Council, Grand Chief Jonathan Solomon, lauded the political accord as "a historic step forward for First Nations relations in Ontario." He has gone on record to say that it is "a step toward a true nation-to-nation treaty relationship desired by First Nations."

He noted that one of the agreements in principle made in the accord is that First Nations "have an inherent right to self-government" and that the province "will make respecting that right central to its relationship with First Nations."

I have several here, but let me tell you about Chief Tom Bressette from Kettle and Stony Point. That's down Ipperwash way, where, as you know, there were a lot of issues over the last decade.

On August 31, the chief of Kettle and Stony Point, Tom Bressette, said that the political accord was "a major step forward in relations between the First Nations and Queen's Park." He said that "the Wynne government is more receptive to the issues and needs confronting our province's First Nations, and has put words into action with the agreement.

"Bressette says he's happy with the rapid"—rapid—"improvement in relations with the province ... since the Ipperwash crisis...."

One more: Grand Chief Gord Peters, of the Association of Iroquois and Allied Indians, which represents about 20,000 First Nations members from seven member communities, said, "We are in the midst of a changing social and political environment, where First Nations are not alone in the fight to protect our lands, resources and water but are joined by other Canadians to voice our common interests. This accord captures this social shift"—that's an important concept here—"and is a tremendous step forward in building a new political relationship between First Nations and the government of Ontario."

Last—I could go on for several pages here, but since you mentioned Chief Ava Hill—Chief Ava Hill, elected chief of the Six Nations of the Grand River, representing the largest population of First Nations in Canada, said, "The signing of this political accord lays the groundwork for a renewed relationship between the First Nations and the province of Ontario. It is an indication that the province is willing to work with First Nations for the betterment of all of our citizens. We welcome their

commitment and look forward to working together on the implementation phase of the articles included in the accord."

**1640**

The accord is this foundational document. I think it's only appropriate that I take a second and read from the political accord. I'll leave a copy with the Clerk. It's signed by Premier Wynne and signed by Ontario Regional Chief Day:

"Whereas the First Nations represented by the Chiefs-in-Assembly (hereinafter 'the First Nations') and the government of Ontario (hereinafter 'Ontario') wish to move forward together in a spirit of respectful co-existence and with a view to revitalizing the treaty relationship;

"And whereas the First Nations exist as self-governing indigenous nations and peoples with their own governments, cultures, languages, traditions, customs and territories;

"And whereas the Ontario provincial crown's jurisdiction and legal obligations are determined by the Canadian constitutional framework, which includes the common law and treaties entered into between First Nations and the crown;

"And whereas the First Nations and Ontario recognize the importance of strong First Nations governments in achieving a better quality of life for First Nations and creating a better future for First Nations children and youth;

"And whereas this accord expresses the political commitment of the First Nations and Ontario and will guide our positive working relationship. It is not intended to impact the interpretation of the rights, legal obligations or jurisdiction of the First Nations or Ontario."

Those are the "whereases." Here are the five points in the accord:

"Now therefore the First Nations and Ontario agree"—take note of this:

"(1) That First Nations have an inherent right to self-government and that the relationship between Ontario and the First Nations must be based upon respect for this right. An inherent right to self-government may be given legal effect by specific rights recognized and affirmed by section 35 of the Constitution Act, 1982"—

**The Chair (Ms. Cheri DiNovo):** Minister, just to let you know, you have just over two minutes left.

**Hon. David Zimmer:**—"or through negotiated agreements and legislation;

"(2) To build upon and link to existing bilateral or other community-led initiatives established between First Nations and Ontario;

"(3) To host a meeting, at least twice per year, between the leadership of the political confederacy and the Premier and an agenda item which will include the joint assessment on the progress on the identified priorities and issues;

"(4) To work together to identify and address common priorities and issues that will include, but are not limited to, the treaty relationship, resource benefits and revenue



sharing and jurisdictional matters involving First Nations and Ontario; and

“(5) To work to resolve key challenges and impasses that impact the parties, including but not limited to, exploring the potential for the use of alternative dispute resolution processes”—August 24, 2015.

That political accord is now the foundation for our reconciliation and the development, in a good way, with our First Nation communities.

**Mrs. Kathryn McGarry:** That’s fantastic. Interestingly, I saw Chief Hill a couple of nights ago. She was invited to the Queen’s 90th celebration that Lieutenant Governor Dowdeswell was hosting. She actually sat in the box with her. I thought that that was a good place for her.

It’s interesting that you talk about that because I live alongside the Grand River. It is actually a heritage river under the national heritage rivers coalition. I know that I’ve been noticing, even in our own press and our own media, when issues around the Grand River—a few years ago, building a bridge or other issues around Grand River—how much attention was paid to where our First Nations were on the issues. That has been a change over the last, probably, four to five years that I’ve noted. I would think that some of the work that has been undergone leading up to the accord has really highlighted the fact that First Nation treaty rights and common priorities are essential for all of us to work together to ensure that we’ve got the best solutions going forward with First Nation peoples.

**The Chair (Ms. Cheri DiNovo):** I’m afraid your time is basically up. You’ve got one second left, so it’s gone.

We now move to the official opposition: Mr. Miller.

**Mr. Norm Miller:** Minister, I’d like to keep going where I was, on the topic of the duty to consult.

August, 2015: News reports emerged that the Chiefs of Ontario raised concerns regarding the lack of consultation with First Nations about the sale of Hydro One.

Chief Day was quoted as saying, “There was virtually nothing leading up to (the sale), and we know the transmittal of that sale has begun through legislation.

“There was a very big opportunity and responsibility from the Ontario government that just didn’t occur.”

Minister, why didn’t you consult with First Nations on the sale of Hydro One?

**Hon. David Zimmer:** I’m going to be very precise and clear in my answer here.

The signing of the political accord between Ontario and the Chiefs of Ontario demonstrated our shared commitment to work together to address common priorities and issues as we continue down the path of reconciliation. Ontario is committed to working with the Chiefs of Ontario to explore their interest in the broadening of Hydro One ownership to advance our mutual interests of economic development and wealth creation for the collective benefit of the 133 First Nation communities in Ontario. The detailed information is disclosed in Hydro One’s IPO prospectus, the initial price offering.

**Mr. Norm Miller:** So that’s happening now, but you didn’t consult about the fact that you were going to sell Hydro One. I understand—and that’s actually the next point I want to get to—that it is in the prospectus.

There’s an article written by Steve Paikin on that topic. In the article, he says, “For example, I am reliably advised that cabinet has been considering a request by the Chiefs of Ontario to share in the revenue windfall from the partial sale of Hydro One, and that the Premier is in favour of doing so. The rationale is that some of the electricity transmission company’s wires are on traditional First Nations territory, and therefore indigenous Canadians argue they’re entitled to a share of the revenue.”

It goes on: “‘The province has indicated that it is in discussions regarding potential equity participation by the First Nations,’ the prospectus says”—as you were indicating.

“However, given the length of the document, and the lack of coverage given to those discussions, it’s possible some cabinet ministers felt blindsided by the revelation. Last August, the Toronto Star reported that the Chiefs of Ontario were offended that the government hadn’t consulted them adequately about the potential sale of Hydro One, but there was no reference in that article to the chiefs being granted any equity participation in the sale.

“The province and the chiefs are now negotiating over the matter....”

Can you update us on the state of those negotiations about equity participation?

**Hon. David Zimmer:** I can tell you that the Chiefs of Ontario, the Minister of Energy and the Ministry of Energy civil servants are engaged in active discussions. I think it’s important now that we let the respective negotiating teams negotiate the best solution to that. I would ask you to direct any further questions on this issue to the Ministry of Energy.

**Mr. Norm Miller:** There have already been two sections or percentages of it sold off, so I would think these negotiations are going to have to happen fairly quickly. I don’t know the exact timetable of the sale of the rest of Hydro One—up to 60%—but it seems to me that, yes, they’d have to be faster than some other negotiations have been.

Continuing on the consultation theme, we talked a bit about this the other day, but I just want to get what is your response to noted aboriginal affairs expert Dwight Newman, professor of law and Canada Research Chair in Indigenous Rights at the University of Saskatchewan, regarding his views on the duty-to-consult framework, where he states, “Many in the resource sector find the expectations still extremely vague, while advocates for some aboriginal communities find the legislation so weak they are raising the prospect of putting constitutional challenges to it.”

**1650**

He went on further, again talking about the case of Northern Superior Resources, stating, “The province of Ontario informally tried to encourage companies working on projects to consult with communities in the area, even

though the Supreme Court of Canada in its 2004 Haida Nation decision specifically decided that third parties do not owe a duty to consult and that the duty ultimately rests on the crown, subject to decisions it might make to delegate ‘procedural’ aspects.”

What’s your response to Professor Newman’s feelings on the matter?

**Hon. David Zimmer:** That’s precisely the reason why we’ve set up the consultation policy project office. I talked about that earlier this afternoon. I talked about that yesterday. That’s a project that is being led by the Ministry of Aboriginal Affairs. It’s a project we’re working with other ministries, with First Nations and with industry on to refine, develop and enhance our consultation process so that all interested parties get to the best possible result. That’s the whole idea of doing the consultation review: to get the best possible model for consultation that we can.

**Mr. Norm Miller:** I would say that it’s an urgent matter, really, for the province of Ontario, so I hope the time frame is clearly succinct, because it is really important.

Last week I was in Timmins. I heard you’re going up to Timmins tomorrow.

**Hon. David Zimmer:** Yes.

**Mr. Norm Miller:** I was there last week for the FONOM conference and I toured Lake Shore Gold at that time. One of the issues they brought up was that they’re doing a minor expansion of a tailings pond, and the process of duty to consult even for that—which, frankly, I was surprised they needed to on an existing tailings pond that they are just expanding a little bit—had them concerned that they wouldn’t actually be able to do it this year because they’ll miss the building season.

It’s something that affects every project around northern Ontario in particular, so I hope that you’re on that and working to make it happen quickly.

**Hon. David Zimmer:** We are on that like a dog on a bone.

**Mr. Norm Miller:** Okay. I’m going to switch topics now to the Ring of Fire. In August 2014, the summer of 2014, there was a press release from the Ontario government saying, “Ontario Establishes Ring of Fire Infrastructure Development Corp.

“Ontario has taken another step to drive progress in the Ring of Fire region, delivering on its July 3, 2014, commitment to establish a development corporation within 60 days.

“With headquarters to be located in Thunder Bay, the [Ring of Fire] Infrastructure Development Corp. will work to bring First Nations and the public and private sectors together to create partnerships and facilitate investment decisions in strategic transportation infrastructure.

“The not-for-profit corporation has an interim board of four Ontario public servants. The board will put the necessary structures in place in order to allow for partners to determine their participation in the corporation. This includes working with key partners including First

Nations, industry, communities, and the federal government, to formalize partnerships through the corporation, and overseeing an economic and technical baseline feasibility report on transportation infrastructure.

“As participation in the corporation evolves, the board of directors will be broadened to include membership from First Nations and industry partners. In its mature state, the corporation will be in a position to advise on crucial infrastructure investment decisions, including how to best utilize Ontario’s \$1-billion commitment to Ring of Fire infrastructure.”

That was back in 2014, when the Ring of Fire development corporation was announced with the press release. That press release said that it would work to bring First Nations and public and private sectors together. How has the development corporation succeeded in involving First Nations groups?

**Hon. David Zimmer:** Thank you for that question, Mr. Miller. First of all, on the technical aspect of your question—that is, the structure of the corporation itself—I’d ask you to take that up with the Minister of Northern Development and Mines. Having said that, let me give you some background on how the Ministry of Aboriginal Affairs interacts or is involved in this process.

The Ministry of Aboriginal Affairs collaborates with the Ministry of Northern Development and Mines by providing advice and support on consultation, regional and social infrastructure, resource revenue-sharing and tripartite governance. Our ministry is a very active partner in supporting the Ministry of Northern Development and Mines in its efforts to make development in the Ring of Fire a reality. In the provincial budget released in February 2016, Ontario reconfirmed that it’s willing to commit up to \$1 billion towards infrastructure development. Ontario is prepared to meet its commitment of \$1 billion towards strategic infrastructure development in the Ring of Fire.

I can tell you, Mr. Miller, that the staff from my ministry participate in a number of multi-ministry working groups that are in turn led by the Ministry of Northern Development and Mines, which are currently supporting infrastructure planning and socio-economic support for First Nations located in the Ring of Fire region. The Ministry of Aboriginal Affairs assists the Ministry of Northern Development and Mines in supporting the facilitation of capacity support and socio-economic opportunities for First Nations impacted by the Ring of Fire development. My ministry’s funding supports Ring of Fire communities and enhances the Ministry of Northern Development and Mines’ efforts and investments.

**Mr. Norm Miller:** On that, how much money has gone to support communities in the Ring of Fire for capacity-building?

**Hon. David Zimmer:** I can tell you that the Matawa tribal council, which is the tribal council to which the nine First Nations in the Ring of Fire area belong, have received a total of \$99,963 from the Aboriginal Economic Development Fund from 2014 to 2015 and 2015 to 2016. That is to support them in their efforts in the work



that they have to do to participate in this Ring of Fire development exercise.

First Nation communities in the Ring of Fire region also receive funding from the New Relationship Fund, which is designed to support their participation, consultation and engagement with the government and the private sector on land and resource matters. I can tell you that through the New Relationship Fund, the Ministry of Aboriginal Affairs has invested just under \$3.4 million over four years.

**Mr. Norm Miller:** That was \$3.4 million, sir?

**Hon. David Zimmer:** Yes, \$3.4 million—

**Mr. Norm Miller:** And that's again to the Matawa nations—

**Hon. David Zimmer:** —over four years. That began in 2014 and that was distributed to the Matawa communities, that is, the nine First Nations in the Ring of Fire.

**Mr. Norm Miller:** Is that to help them with their negotiations and capacity-building?

**Hon. David Zimmer:** It's for what we refer to as capacity-building so that they have the capacity to effectively engage in consultations and negotiations with other entities involved in the Ring of Fire development.

**Mr. Norm Miller:** Back to the development corporation. Are there currently any First Nation representatives on the board of directors of the development corporation for the Ring of Fire?

**Hon. David Zimmer:** As I said in my opening comments to your question, the details of the corporate structure are something that you're going to have to inquire about at the Ministry of Northern Development and Mines.

**Mr. Norm Miller:** Surely the Ministry of Northern Development and Mines would advise the Ministry of Aboriginal Affairs if they've accomplished that goal of First Nation participation on this important board of directors?

**Hon. David Zimmer:** We provide consultation and our best advice to other ministries, but this is something that you should take up with the minister of mines, on the details of the corporate structure.

1700

**Mr. Norm Miller:** What you're saying is you're not aware if there are any First Nation representatives on the board of directors of the Ring of Fire development corporation.

**Hon. David Zimmer:** No, that's not what I said. I said you should—

**Mr. Norm Miller:** If you know that there is, please tell me that there is.

**Hon. David Zimmer:** Take up this question about the corporate structure of the company with the Minister of Mines.

**Mr. Norm Miller:** I would say it's not a question about the corporate structure; it's a question of if there are any First Nation representatives on the board of directors. Are they actually in place? Because I know originally, as the press release said, it was four civil

servants to begin with. That was in 2014. We're now in 2016, so I'm asking if progress has been made—

**Hon. David Zimmer:** You know, Mr. Miller, you've been in business yourself. You know that if you want the answer to that question, you can do a corporate search and it will tell you who's on the board of directors and all of that technical—

**Mr. Norm Miller:** I'm talking to the president right now, so I figured the minister would know, as the Minister of Aboriginal Affairs.

**Hon. David Zimmer:** In this case, I'm not going to save you the couple of dollars to do a corporate search.

**Mr. Norm Miller:** I would have thought that would be something you would be proud to share with us, Minister.

I have another question about the billion dollars that you reference that's been in the budget now for, I think, at least three years. When are you anticipating that that will be spent to actually do something on the ground, to open up access to this really important project? I think you would agree that it's a very important project. It's going to benefit those communities that are close to the Ring of Fire probably the most.

**Hon. David Zimmer:** Ontario was first off the mark with our commitment for \$1 billion for infrastructure. That commitment was renewed most recently in the last budget. You know that \$1-billion commitment that we were looking for—the matching commitment, if you will, from the previous federal government. That got stalled because your federal party came up with a paltry \$23 million, which was—well, I won't comment any more on that.

But we do have a new federal partner in Ottawa who is much more engaged on this issue of the Ring of Fire than the previous government. We are hopeful that things will move along in a positive way.

**Mr. Norm Miller:** I know I was asked about this question as northern critic as well, and my response was that if I was the federal government, I'd want to see a plan from the provincial government before I invested in the development. It's the provincial government's responsibility to come up with a plan.

**The Chair (Ms. Cheri DiNovo):** Mr. Miller, you have just over two minutes.

**Mr. Norm Miller:** Two minutes? It's flying by.

**Hon. David Zimmer:** In answer to that question, there's a provincial part to play, there's a federal party to play, there's a First Nations part to play and there's an industry part to play. There are four parties. It's not a question of the province going ahead with its plan, or the feds, or any one of the parties. A project of that magnitude requires the parties to sit down with the private sector that may or may not be involved, and to come up with a plan. It's not that one party dictates the model to the other parties involved.

**Mr. Norm Miller:** I note that in the area, some of the First Nations are not feeling like they're engaged. The chief of Neskantaga, Peter Moonias, said on March 24, 2015, "The Ontario government has put 'a gun to the

head' of First Nations leaders trying to negotiate a fair deal in the Ring of Fire mining area in the James Bay lowlands...." He goes on: "'There's a hidden agenda,' he said. 'We are being targeted with a gun to our head. We have no more opportunity to study the process.'"

Have you gone to Neskantaga and met with the chief and tried to build good relations there? It doesn't sound like he's very positive, based on this media reporting.

**Hon. David Zimmer:** I talked yesterday and today about consultation, engagement and doing it in a meaningful way. There are nine First Nations that we're engaged with. We're engaged with the federal government and we're engaged with other entities up there—

**The Chair (Ms. Cheri DiNovo):** Minister and Mr. Miller, your time is up. At this point, we'll move on to Madame Gélinas.

**M<sup>me</sup> France Gélinas:** This round of questioning will have to do with health and health-related issues on First Nations. The first one is, at the base of every human being, in order to be healthy, you need to have access to clean water. I was happy to hear you say in your opening statement—you mentioned how access to safe drinking water on-reserve is a priority for your ministry. The first question should be quite easy, but I couldn't find it by myself, which is why I'm asking it: How much of the 2015-16 as well as the 2016-17 Ministry of Aboriginal Affairs budget has been spent on improving water quality on one of the 79 First Nations that is on a boil-water advisory?

**Hon. David Zimmer:** Let me give you a background answer—

**M<sup>me</sup> France Gélinas:** Will it have an amount of money in the discourse at some point, to answer my question?

**Hon. David Zimmer:** As I said yesterday, clean water is top of everyone's mind in Ontario—all the First Nations, all Ontarians. It's also top of mind for the federal government.

As you know, water issues on-reserve are a federal responsibility. Having said that, as I said yesterday, we work closely and we work in co-operation and collaboration with First Nations and our federal partners on these issues. We are very encouraged by the statements that have come out of the new federal government on the necessity to deal with the water issue. Our government—and I'm sure I speak for the federal government—we want to ensure that all residents of Ontario, be they on- or off-reserve, or anywhere in the province, have access to clean drinking water.

**M<sup>me</sup> France Gélinas:** But Minister, you and I both know that for 79 First Nation communities, it is not the case. I mean, you can open up the estimates book—which is what we are here to do, is to talk about estimates—and right at the beginning, it says as a priority, "make substantive progress in improving drinking water on reserves." Then in your opening remarks, you said the exact same thing. You mentioned how access to safe drinking water on-reserve is a priority for you.

I'm happy that it could be a priority for the federal government and everybody else, but I'm asking you.

**Hon. David Zimmer:** I'm going to ask the deputy to speak to that, because as I said, it's a question of a federal responsibility. But having said that, the province does have an interest, because these are Ontario residents.

We have been working with the federal government on a plan. There's a plan that has been tabled with the federal government to address these issues. I'm going to ask the deputy to speak to the details of that plan that has been tabled.

**M<sup>me</sup> France Gélinas:** Thank you.

**Ms. Deborah Richardson:** First Nations infrastructure on-reserve is a federal responsibility. Where the province—

**The Chair (Ms. Cheri DiNovo):** Excuse me; sorry. It's the first time you've spoken today. Can you introduce yourself?

**Ms. Deborah Richardson:** Sorry. This is Deputy Minister Deborah Richardson.

Federal infrastructure on-reserve for water treatment plants is a federal responsibility within First Nations communities. Where Ontario has the expertise is the technology. We have many very sophisticated companies and technologies that do exist. What we did is we reached out to Canada to develop a bit of an action plan about how we could provide some expertise from Ontario to support First Nations and Canada.

1710

There recently was a tripartite meeting with Canada, Ontario and First Nations. Of course, MOECC is also working on that. They have the capacity and the expertise, more than aboriginal affairs would do. But we've been facilitating all of the partners to come together.

I don't know, Matt, if there's any additional—this is Matt Garrow, and he'll introduce himself. He's really sort of leading this within the ministry. He can speak to more specifics.

**Mr. Matt Garrow:** Matt Garrow, director of strategic planning and economic policy, Ministry of Aboriginal Affairs.

As the deputy said, it is primarily the lead of MOECC right now with those discussions with INAC and also with—I'm not sure if I have to pull that up. So the offering we have to those discussions is the tremendous amount of expertise held by Ontario and by MOECC. That's not inconsequential. I think that it is something that's of value to both the First Nations and to those discussions.

**M<sup>me</sup> France Gélinas:** So you have a facilitated multi-partite meetings from which the federal government through their Indian affairs, through the Ministry of the Environment and Climate Change—are you yourself, as in your ministry, at that table?

**Mr. Matt Garrow:** We were at the first meeting about two weeks ago in Thunder Bay. The ADM, Alison Pilla, was in attendance and participated in those discussions. They were all day with the Chiefs of Ontario,



select First Nations leadership and the feds—the federal government, sorry.

**M<sup>me</sup> France Gélinas:** How much of the private sector expertise were there?

**Mr. Matt Garrow:** At that particular meeting, none that I know of. There could be, but I wasn't privy to those details.

**M<sup>me</sup> France Gélinas:** For some of the First Nations, boil-water advisories—there are people close to my age, and that's all they've ever had. They have never been able to drink water out of the tap. They have been on boil-water advisories for decades.

They read in the ministry statement that your priority is to make substantive progress in improving drinking water on-reserve. Those words mean that you will facilitate—what do those words really mean?

**Hon. David Zimmer:** Sorry. Your question is to?

**M<sup>me</sup> France Gélinas:** Whoever wants to answer.

**Hon. David Zimmer:** I keep repeating—and we've all said, and I think that you know and understand—that the federal government has the first responsibility, if you will, for drinking water on reserves. As the deputy has said, and as I have said, and as Mr. Garrow has said, Ontario is very committed to working with Canada and our First Nations to deal with this water issue.

Interestingly enough, it's an issue that even the former Prime Minister and the Premier agreed on: Something had to be done about the water issue. Then we had a change of government in Ottawa, and if anything, the recognition of the immediacy of the issue has even been ramped up.

Ontario has demonstrated its commitment in many ways about how it's going to provide support to First Nations. The Ontario Clean Water Agency provides operations and maintenance services on a fee-for-service basis. The Walkerton Clean Water Centre provides operator training on a cost-recovery basis. The Ministry of the Environment and Climate Change has provided engineering and technical advice to First Nations and carries out the conformance reviews of proposals for First Nations systems upon request. There are seven First Nations included in the Showcasing Water Innovation program, in which Ontario is funding innovative, cost-effective solutions for managing drinking water, waste water and storm water systems. I can tell you that the Canada-Ontario First Nations drinking water improvement initiative is a partnership with four small First Nations communities to provide new and innovative solutions to improve drinking water quality.

The Clean Water Act itself provides a mechanism for the involvement of First Nations in watershed-based source protection plans, and both Canada and Ontario have partnered through the Small Communities Fund to provide funding for priority public infrastructure projects.

First Nations water projects are also eligible to receive funding under the Small Communities Fund of the federal Building Canada program, for which Ontario contributes one third of the funding and participating

communities finance one third of their project costs, as well. So we are—

**M<sup>me</sup> France Gélinas:** That was my original question. I want to know how much money Ontario spent to help First Nations gain access to clean water, especially those First Nations that have not had access to clean water and are under boil-water advisories. So you're telling me that there is one program, the small communities program, where Ontario pays one third of the cost? How much did we spend last year on this program? Where did the money go?

**Hon. David Zimmer:** For the answer to that question, you'd want to examine the estimates or raise that question with the Ministry of the Environment and Climate Change for the precise numbers that you're asking about.

**M<sup>me</sup> France Gélinas:** So you guys put out words that say that it is a priority for you, but you couldn't name for me which First Nations got helped or what kind of financial support they got? How could it be a priority when you know nothing about it?

**Hon. David Zimmer:** No, look: We have a whole-government approach, so the finances for this and the numbers and so on flow through the Ministry of the Environment and Climate Change. The question should be directed to that ministry. Ontario and Canada have also partnered through the Small Communities Fund to provide funding for priority public infrastructure projects. First Nations are encouraged to apply for funding to improve drinking water management systems on reserve. There are about half a dozen First Nations participating in that fund.

**M<sup>me</sup> France Gélinas:** Would you be so kind as to let me know which are the half-dozen communities and how much money was spent? We are in estimates. This is your portfolio. You name it as one of your priorities, not only in the estimates books but in your opening statement. It seems like it's not a big stretch. I don't understand why there is so much reluctance in showing this. You should be proud of what you've done. Getting water on reserves is something we've all been wanting.

You're getting a few successes, but it's as if your ministry doesn't care. They don't know which First Nations—

**Hon. David Zimmer:** I take great exception to that.

**M<sup>me</sup> France Gélinas:** Sure. Well, then, spit it out.

**Hon. David Zimmer:** I have told you that the estimates of the Ministry of Aboriginal Affairs are what we're here to examine. We help all other ministries, and I've gone through various projects and so on that we're involved in. But the funding for those projects flows through—in this case, I have referred you to the Ministry of the Environment and Climate Change. For the dollar amounts and so forth and so on, you should direct your questions to the estimates of that ministry.

**M<sup>me</sup> France Gélinas:** How about the names of the First Nations?

**Hon. David Zimmer:** Yes, I do have that.

**Mr. Matt Garrow:** The four First Nations are Alderville, Lac Seul, Munsee-Delaware and—

1720

**Ms. Deborah Richardson:** Zhiibaahaasing.

**Mr. Matt Garrow:** Zhiibaahaasing.

**M<sup>me</sup> France Gélinas:** Okay. Say the first one again?

**Mr. Matt Garrow:** Alderville.

**M<sup>me</sup> France Gélinas:** That's only four. You said six.

**Mr. Matt Garrow:** If the minister said four initial-ly—I think it might have changed halfway through.

*Interjections.*

**Mr. Matt Garrow:** So there's two additional—well, we have different First Nations; I'm sorry. Those are the four I have.

**M<sup>me</sup> France Gélinas:** We only know of four? And for those four, were they for a water treatment plant or for clean drinking water or for all of the above?

**Hon. David Zimmer:** As I said just a few minutes ago, Canada and Ontario have partnered through that Small Communities Fund to provide funding for priority infrastructure projects, and I emphasize "priority." I expect water is a priority. First Nations are encouraged to apply for funding to improve drinking water management systems on reserve. Currently, the following First Nations are participating in the fund: Whitesand, Six Nations, Big Grassy, Georgina Island and Nigigoonsimikaaning—am I close?

**Ms. Deborah Richardson:** Yes.

**Hon. David Zimmer:** And Naicatchewenin. I can give you the spelling, if you like.

**Mr. Matt Garrow:** If I could say, the four First Nations I referenced were in reference to the Canada-Ontario First Nations drinking water improvement initiative, which is separate and distinct from the fund that the minister just referenced.

**Hon. David Zimmer:** The point here is that we are doing things to address the clean-drinking-water issue. I've referenced a number of funds. Mr. Garrow has mentioned a number of funds. The federal government is engaged with this. We are all working towards the same purpose. The details of the dollar amounts and when and how the money flows and so forth and so on are to be found in other ministries' estimates.

It's much like the thing yesterday about the treaty piece. I think there was a question from someone about where we had the treaty money. There was a placeholder, and the money may flow in and out. So you really want to check the other ministries' estimates on this.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, just to let you know, there are three minutes left.

**M<sup>me</sup> France Gélinas:** Okay. I'm not going to go on to another topic. I'm going to stay on this.

Help me understand. The Ministry of Aboriginal Affairs—you would figure that this is where the information about what's going on with First Nations is collected and is gathered so that you can see the gaps, so you can push where things need to be pushed.

I know that clean drinking water is a priority, because it is said in your mandate letter, it is said in the document when you open it, and you said it in the beginning of your opening remarks that it is a priority. So I hear you,

and First Nations hear you too. But then, when we ask for action, as simple as which ones have participated in a program that the government of Ontario funds to get clean drinking water, I feel like I'm pulling teeth here. What am I doing wrong? We're at estimates. I want to know where the money that comes from the government went to help First Nations on a priority as high as clean drinking water, but yet I had to go at it for 20 minutes to get you to spit out the names of four First Nations.

**Hon. David Zimmer:** I take exception to your characterization of that. I made it clear right from the get-go that a priority for this government was clean drinking water for First Nations. It's a priority for First Nations, it's a priority for Ontario, it's a priority for the federal government, it's a priority for our Premier, and indeed—

**M<sup>me</sup> France Gélinas:** And I hear you saying all this, but—

**Hon. David Zimmer:** Well, let me answer the question. Do you want to hear—

**M<sup>me</sup> France Gélinas:** No. No, I don't.

**Hon. David Zimmer:** You don't want to hear the answer?

**M<sup>me</sup> France Gélinas:** No, I don't.

**Hon. David Zimmer:** Well, then, don't ask the question.

**M<sup>me</sup> France Gélinas:** You know, what I got out of this is that we have 79 First Nations on a boil-water advisory. Out of questioning you for 20 minutes, I got that two out of the 79 on a boil-water advisory are being helped some, but I don't even know if it's for clean drinking water or if it's for treatment of sewage water. I have no idea, with the other 77 that are on a boil-water advisory, what is being done to help them. Although we hear that it's a priority for your government and for your Premier, it's a priority for all of us but we still don't see a plan and we still cannot see how much money—

**The Chair (Ms. Cheri DiNovo):** I'm afraid your time is up, Madame Gélinas.

We now go to the government side. Mr. Thibeault?

**Mr. Glenn Thibeault:** Aanii, Minister and deputy ministers. One of the things I always like to do, Minister, is when I start—and I know we always have your staff here—is just to, first off, thank your staff for the great work that they do. I know that my office has consulted with your office on many issues working within our First Nations over the last little bit. Your staff has always been so helpful. I just wanted to publicly acknowledge the great staff that you have and the help they provide, not just to my office but to all MPP offices when working with our First Nations both on-reserve and urban as well. Thanks for that, Minister.

Just a very quick question: How many First Nations are there in Ontario in terms of reserves?

**Hon. David Zimmer:** One hundred and thirty-three, of which three do not have a land mass.

**Mr. Glenn Thibeault:** I believe one of the commitments that you've made, and I know you've been working hard at it, is to try and visit every single First Nation. Is that correct?



**Hon. David Zimmer:** Yes. As I said yesterday in my remarks, as of two weeks ago, I had 63 on-site visits at First Nations. Some of those First Nations I've visited two or three times. Particularly up in your neck of the woods, there have been multiple visits to the same First Nations.

I can tell you that my chief of staff just briefed me earlier today, and in the next week or two I'll be doing another five First Nations. I believe they're going to be in your area, the Sudbury area. By then, that will be up to 68. I have a commitment on which I'm going to break my back, if I have to, to get to all 130 First Nations that have a land mass.

**Mr. Glenn Thibeault:** I ask those questions, Minister, just because I think it's paramount for us to emphasize the work that you and your ministry are doing in ensuring that it's reaching out to every First Nation across the province, and doing the best we can to ensure that we're working with them, we're listening to them and we're consulting with them. I think that's extremely important.

I'm going to talk specifically a little bit about treaty awareness. I think it's important for me to highlight—I think it was January, the last time you made it up into the Greater Sudbury area. We went out to Wahnapiatae First Nation. It was a great visit that we had with Wahnapiatae First Nation. We drove out there and spent the whole day with Chief Ted Roque. I think Councillor Bob Pitfield was there, and a few other of the councillors. We were able to see a lot of the things that Wahnapiatae First Nation is doing. I see them as a leader within First Nations, not only in northeastern Ontario, but some of the things that they're doing throughout the province as a First Nations group.

I wear my hat sometimes as an MPP and sometimes as the PA to the Minister of the Environment and Climate Change. Wahnapiatae First Nation has its own sustainable development corporation that's doing some great work. This department is responsible for the management of the lands and the resources that the Wahnapiatae First Nation territory has within its boundaries. We saw that great video of how they're starting to look at bringing tourists and other folks into their area and trying to continue to work on enhancing their relationship with the community, the relationship with their land and the relationship with tourists. And I know that their primary objective through their sustainable development corporation is to effectively manage their territories so that they can develop the resources available for future generations.

1730

They have a fantastic relationship, Minister—and I know you're well aware of this, but for those that are listening—with Glencore. Glencore has the nickel mine that they share with Wahnapiatae First Nation. That is just a fantastic relationship to see. I know that Glencore and a few other of those mining companies have worked with Wahnapiatae First Nation and, in conjunction, built that fantastic office—but there is another name for it that they called it. When we walked in, they had the Glencore paddle and the Ontario government paddle and

the canoe there. The community can go there and get service. For me, that was one of the first times I had the opportunity to go there and learn, and I thought, "You know what? This is a fantastic thing for us to be able to share with other First Nations across the province." So I was very proud to be able to be there with you and to learn.

We also, if you recall, Minister, took that tour, and they brought us into the elders' room and a few other places. Then they brought us back to one of their offices, where they had that map of every—what is it? Is it every single treaty? Maybe you can explain the map again for me? Is it every single treaty that's—

**Hon. David Zimmer:** Yes.

**Mr. Glenn Thibeault:** I think that was important for us to be able to see—and how proud they were to say that they have this map and that they share it. I think you told me that it's something that this ministry has made sure that we've spent money on and got it out to schools and those types of things, too. Is that correct, Minister?

**Hon. David Zimmer:** Yes.

**Mr. Glenn Thibeault:** Great. I know that even with Wahnapiatae First Nation, we heard how great it was that we were working with them, talking about treaties and working on some of those issues. And so, Minister, we know that treaties with indigenous peoples were foundational for the development of this country and continue to inform how we all live and work together in Ontario.

I know we've all heard the phrase, "We are all treaty people," which speaks to the unique relationship of the people living in Canada. And I know, Minister, that treaties are solemn agreements to live together on this land through a formal exchange of promises that create rights and responsibilities for Canada, for Ontario and for First Nations. Both the Ipperwash Inquiry Report and the recent Executive Summary of the Truth and Reconciliation Commission on Indian residential schools highlighted, Minister, the need for public awareness of our shared history in order to support reconciliation between indigenous and non-indigenous Canadians.

So, Minister, I think one of my first questions will be if you could outline for us what Ontario is doing to revitalize the treaty relationship and promote awareness of treaties and indigenous rights in provincial schools and amongst the general public. Minister, I'll hand that to you.

**Hon. David Zimmer:** Thank you very much for that question. I do want to speak about treaty awareness, but I want to recognize and comment on that visit that you and I, ministry staff and some of my political staff paid to Wahnapiatae First Nation because, in many ways, the way that visit was structured is exactly what First Nations and the government of Ontario are trying to do on this awareness issue. I'll come to the treaty piece in just a second.

The Wahnapiatae First Nation are so—let me just back that up a bit because it'll give me an opportunity. The question came up yesterday from member Gélinas about how one gets to understand a community. I talked

yesterday about the preparation that goes into one of these visits. We've done 63—soon to be 68—and we'll go from there. We do an extensive staff briefing about the First Nation. We develop a profile of the First Nation. We develop an issues profile of the First Nation. We look at a whole host of information so that by the time we arrive at the First Nation, we have a very good idea of what is happening or what the issues are of the First Nations. But once we get there, we sit down—as we sat down, Mr. Thibeault—in their council chambers around the board table. We have an agenda that has been worked out with, in this case, the Wahnapiatae First Nation and the government, and we hear about their issues. They have a host of issues that they want to raise, and they also comment on the issues that we've raised. Frankly, those discussions are so frank and so productive that we often have a different perspective from them on an issue that we, as a government, have. That's a good thing, because then we talk about those different perspectives and we reach a common understanding. It's good for both parties. It's good for First Nations and it's good for government.

The Wahnapiatae First Nation are so proud of their First Nation. You will recall that joining us at the meeting was a graduate student from Queen's University, an archeologist who was working on her master's thesis. She had done the coursework, and now she was doing research. She was not First Nations herself—I don't think she was, although I stand to be corrected on that; she may have been, I'm not sure. I stand to be corrected.

But the point is—

**M<sup>me</sup> France Gélinas:** She's First Nation.

**Hon. David Zimmer:** Sorry?

**M<sup>me</sup> France Gélinas:** She's First Nation.

**Hon. David Zimmer:** She is? Ah, you know who I—

**M<sup>me</sup> France Gélinas:** Yes, of course.

**Hon. David Zimmer:** She participated in the conversations, especially when we got around to cultural issues, because she was working on a program to identify sites along the French River of pictographs, which are ancient paintings on the rock wall. We had quite a conversation about that.

Then, after we discussed a number of the issues—you were there for the full discussion of those issues, and I thank you for taking the time out of your schedule to join us there—the chief and some of his councillors and deputy chief took us on a full tour. Not only did they tell us about what was happening but we then went out and had a chance to see what was happening. This is what awareness is all about: It's understanding the community.

With respect to the treaties, this past year—and I think that a treaty map was sent to all of the MPP offices. It's a great map. I talked about it yesterday. It's twice the size of that flat screen up there. On the lower left-hand corner, the 133 First Nations are listed alphabetically, A through Z. On the map, the map is colour-coded by treaty area. There are 43 treaties, everything from Treaty 3 in the northwest to Treaty 9 in the far, far north to the multiple

treaties in the south. Then within that colour-coding is the designation of the 130 land-based reserves.

That map hung on my wall, and in consultation with the Minister of Education and the Premier, we set aside a budget to reproduce those maps and send them out to all 5,200 or 5,300 elementary and high schools, with the direction that the map be posted in a prominent place in the school and that a lecture, a seminar, a talk or an awareness piece be given at the school—age-appropriate, so elementary through to the 12th grade. In fact, I exercised a little bit of ministerial prerogative there, and the first formal unveiling of a school map was at an elementary school in Willowdale. We arranged for one of the elders from the Mississaugas of the New Credit to come, as did Justice—he did the Ipperwash Inquiry—

**Interjection:** Sidney Linden.

**Hon. David Zimmer:** Justice Linden came. It was most interesting. In Willowdale, there's quite an ethnic mix. This class, they were 10 or 11 years of age. It was about equal portions of Caucasian, Chinese, Korean and Iranian. The kids sat around in the classroom, and the elder first opened the lecture, if you will, with a traditional smudge ceremony. That generated a tremendous amount of questioning and inquiry from these young inquiring minds. They'd never seen it before. Particularly those children in the room who were children of recent immigrants to Canada, they were just taken by that exercise. Then the elder went on to explain the map and give an explanation of the relationship of First Nations and indigenous views. Then Justice Linden talked about some of the sadder chapters in history. He talked about the Ipperwash report—at an age-appropriate level.

**1740**

I looked around the room, and there were a lot of parents in the room, because it had been advertised, and there were teachers; there were probably a dozen or 15 teachers in the room. The teachers—they're all adults, of course—were every bit as interested in the explanations that were provided by the elder and Justice Linden about the map.

I can tell you that we sent out, as I said, about 5,200 or 5,300 of those maps. But the word has gotten out broadly in Ontario, in the corporate world, in the homes and in the faith communities and so on. We now have 11,000 maps that we've had printed and which are in the process of being issued, because people are starting to call in and say, "I saw the map. I heard about the map. My son told me." "I'm a business owner," or, "I have a corporation," or, "I'm with a law firm downtown. I would like one of those maps for my office."

There's a sense out there in the broad community that we are at a tipping point in our relationship with the First Nations, and the tipping point—things will tip in a good way. They're going to tip in a good way because of this heightened awareness.

You turn on the electronic media of your choice, or pick up the print media of your choice, or the chatter around your friends in Sudbury or your colleagues in



Kitchener-Waterloo, and I would not hesitate to bet that in any week, every couple of days, the subject of our relationship with First Nations comes up.

There is a hunger. People want to understand the issue. When they understand the issues and they realize the history—

**The Chair (Ms. Cheri DiNovo):** Minister, you have just about three minutes left.

**Hon. David Zimmer:**—they want to interact in a good way.

I think for all of us around this table and all of us in government, from whatever political party, we are at a moment in our history in the country, in the province, where we have the opportunity, if we get it right—and we are going to get it right—to tip this relationship in such a way that a lot of good is going to come out of it.

**Mr. Glenn Thibeault:** How much time do I have, Chair?

**The Chair (Ms. Cheri DiNovo):** About two minutes and 10 seconds.

**Mr. Glenn Thibeault:** Two minutes and 10 seconds: Thank you, Chair.

I know, Minister, you're coming to Sudbury. I believe it's around June 16, and we'll confirm the date. I believe that's the time you're looking at coming to Sudbury. I know this isn't your first visit. I know we've had you in Sudbury a couple of times.

One of the places I'm not sure you've been to yet is the Shkagamik-Kwe Health Centre. Angela Recollet is the executive director there. They are doing fantastic work. I basically call Angela and that organization the Borg, in the sense that they keep buying buildings and expanding services for First Nations not only coming off of reserve, but for First Nation individuals who live in an urban setting.

One of the things they're doing in one of their rooms in their first building is creating medicines. Their elders are giving them the recipes, and they're creating medicines and they're sharing that. You're seeing a lot of the past ways for health care from these First Nations being brought forward. Hopefully, that's a place we'll be able to ensure that we visit when you come to town.

We've got maybe a minute or 30 seconds left, but on your tours, have you seen a lot of the health care facilities in any of these other First Nations? Are other First Nations starting to do work along those lines?

**Hon. David Zimmer:** Thank you. That is a good question, and it gives me an opportunity to talk about this issue. With respect to the centre that you're referring to in Sudbury, the aboriginal health access centre, that's a very, very successful centre.

**Mr. Glenn Thibeault:** It is.

**Hon. David Zimmer:** Of course, you've been through it, and you know what it can do. There are 10 aboriginal health access centres in the province—

**The Chair (Ms. Cheri DiNovo):** I'm afraid your time is up, Minister.

**Hon. David Zimmer:** Thank you.

**The Chair (Ms. Cheri DiNovo):** We now move to the official opposition. Mr. Miller.

**Mr. Norm Miller:** I want to begin by following up on the questions I was asking with regard to the Ring of Fire Infrastructure Development Corp. board of directors and whether you had achieved your goal of First Nations participation on that board of directors. I have a list of who is on the board of directors:

—Ehren Cory, executive director for Infrastructure Ontario;

—Rob Dowler, assistant deputy minister for economic environment justice and intergovernmental policy in the Cabinet Office;

—Linda McAusland, assistant deputy minister and chief administrative officer for the Ministry of Transportation; and

—Doug Carr, ADM of negotiations and reconciliation for the Ministry of Aboriginal Affairs.

I have to assume, then, that you failed in your goal of getting First Nations participation on that board of directors.

I'd like to go to your mandate letter, again with the Ring of Fire, where it states:

“Collaborating on Ring of Fire Negotiations

“Working with the Minister of Northern Development and Mines and with First Nation communities on the next phase of negotiations under the Ring of Fire framework agreement our government signed earlier this year.”

I'll come back to the question I was asking the last time we had a chance to talk, and that was about how there seems to be at least some of the First Nations that aren't very happy with the progress in the Ring of Fire negotiations, specifically the Chief of Neskantaga, Peter Moonias, who, in an article from March 24, 2015, is quoted as saying, “‘What will it take to fix it? It will take chiefs to stand up and say that's it,’ Moonias said. ‘Because the government is going to continuously do that to us, to not allow us to do our own process in our community.’”

My question, which I had posed before, was this: Have you been to Neskantaga and met with Chief Moonias? Because, certainly from this article, it sounds like he's not happy with the way negotiations are going.

**Hon. David Zimmer:** Yes, I have been to Neskantaga. I've talked about how we plan for these tours, how they're conducted, and the extensiveness, the frankness of the discussions and the fullness of the discussions. I know that issue well.

There is a new chief in Neskantaga, not the one you have referenced. It's Wayne Moonias.

The direct answer to your question is that under the regional framework agreement, which was signed by the First Nations in the Matawa Tribal Council, issues about their participation, if you will, in the Hydro One—those discussions will be raised and dealt with at that table in conjunction with their respective outside representatives, if you will.

Former Premier Bob Rae represents the Matawa Tribal Council, and former Supreme Court of Canada

Justice Frank Iacobucci represents Ontario. The answer to your question will eventually come from discussions at that framework table with the Matawa Tribal Council. I have the names of the parties to that agreement here. But there is a new chief at Neskantaga.

We as a ministry and as a government, of course, work closely with our representative, Frank Iacobucci, who in turn works closely with Bob Rae, the Matawa council's representative.

1750

**Mr. Norm Miller:** So have you met with the new chief, then, of Neskantaga?

**Hon. David Zimmer:** I've not met with the new chief—that is, I haven't met with him. The last time I went up there, it was the former chief. The new chief—yes, I have met him here in Toronto at Leaders in the Legislature.

**Mr. Norm Miller:** Okay. I'd like to switch to legislation that was just passed today: cap-and-trade. With the government's upcoming cap-and-trade scheme, has your ministry done any analysis of what the plan will mean for aboriginal communities?

**Hon. David Zimmer:** Well, as you and everybody in this room know, the cap-and-trade piece was announced very, very recently—just the other day. I can tell you that there have been discussions, prior to that being released, with Regional Chief Day and others. Those discussions are under way.

**Mr. Norm Miller:** Assuming, Minister, that all remote communities will not be off diesel generation by January 2017, have you looked at what the additional cost will be for electricity generation in these remote communities?

**Hon. David Zimmer:** For the numbers on that question, I would refer you to the Ministry of Energy.

**Mr. Norm Miller:** It has been reported quite openly that it's going to be 4.7 cents a litre more for diesel fuel. In 2011, the federal government released a report that showed Ontario remote communities purchased 20,186,525 litres of diesel fuel. That number was reported in 2007, so it's likely that there has been an increase since then. Do you have any information on what the consumption levels of diesel are for remote First Nations communities today?

**Hon. David Zimmer:** That specific detailed information would be in the purview of the Ministry of Energy, but, having said that, let me just tell you further to your question that I was recently in Thunder Bay. We announced a \$13-million investment to support First Nations communities in their fight and adaptation to climate change, and to specifically support the development of microgrids and energy storage options.

With the help of \$5 million from the Green Investment Fund, First Nations communities, Laurentian University's very famous Ontario Centre for Climate Impacts and Adaptation Resources, and their partners, that's going to enable them to develop an adaptation plan for First Nations communities to prepare for climate change. It's going to help them to build technical capacity in

order for the First Nations communities to take advantage of economic opportunities from Ontario's proposed cap-and-trade program and, importantly, it's going to help to develop a northern Ontario climate change impact study using data from those adaptation plans.

I just want to say, at a personal level, I have travelled, and I know you travel, in the Far North—I don't know if you've been up recently to the remotes—but that's where you really see the effect of climate change and you see the reality of climate change.

I'll just tell one example. As you know, in the remote communities, for generations and generations and generations, every winter there's an ice road that is put in. That's how the heavy stuff, the big stuff that a remote First Nation needs, is shipped in—over an ice road. For those of you who haven't seen an ice road, it's packed-down snow through the bush, frozen lakes and frozen rivers. You can get to the First Nation in vehicles.

**Mr. Norm Miller:** I'm familiar with ice roads and I think I know the point you're going to make. But with the additional costs of transporting goods and supplies to remote communities, because of cap-and-trade, is there going to be any compensation for that from the government?

**Hon. David Zimmer:** That's a matter that I would invite you to take up with the Ministry of the Environment and Climate Change.

I do want to finish my point about the ice roads because it's dramatic. Those roads used to be in existence for, depending on the community, three or four months. I am told now when I go up there that typically they can count on, in some cases, a mere six or seven weeks. So they've had to rethink and restructure the whole planning of getting the heavy stuff up there. It's expensive and it's difficult, but you see climate change there. Where once you could count on frozen ice for three or four months, now you can count on it for six or seven weeks that would support vehicles. That's where you see climate change.

I would argue that, of all the communities, of all the peoples that have to deal with climate change, the impact, in many ways, is most dramatic and most visible with our First Nations communities. Hence we really need to put our shoulder to the wheel with them on this issue.

**Mr. Norm Miller:** So in the short term we're going to deal with the additional four-cents-a-litre cost of the cap-and-trade tax.

**Hon. David Zimmer:** Well, you said that was reported.

**Mr. Norm Miller:** Pretty reliably reported, I think.

**Hon. David Zimmer:** Where? The Toronto Sun?

**Mr. Norm Miller:** They used some 20 million litres of diesel fuel a year, from 2007 numbers, so is there going to be any assistance for these communities with this additional cost?

**Hon. David Zimmer:** The federal government has a role to play in this issue because they have the primary responsibility for on-reserve issues. You might want to ask them their thoughts on this question. In terms of the



specific numbers and so forth, I direct you to the Ministry of the Environment and Climate Change.

**Mr. Norm Miller:** According to the information in the *Globe and Mail* this week on the climate change initiative and the cap-and-trade plans, the article claims the government will spend \$91 million to connect First Nations communities to the grid. My question is: Has the government spent any of the money to date for this purpose, or are you waiting for these new cap-and-trade revenues to come in first?

**Hon. David Zimmer:** I would make two points in answer to your question. First of all, this is a matter for the Ministry of Energy. I suggest you direct your questions to him.

The second point that I would make, and I feel very strongly about it, is that I just do not comment on leaks to the media. The information that you've just provided me, presenting it as a factual piece, is a leaked document about discussions on an issue.

**Mr. Norm Miller:** Well, it was quite detailed and it did say "cabinet" on it—

**Hon. David Zimmer:** It was a leak.

**Mr. Norm Miller:** I guess my question would be: Which minister leaked it? Was it the Minister of the Environment and Climate Change who leaked it? It did have the Premier's signature on the document, as well, so I would think it has some credibility, and seems to have been widely reported.

So you have no idea about whether there is actually money to help First Nations—this \$91 million that's being talked about—to connect the remote First Nation communities to the grid.

**Hon. David Zimmer:** That document was a leak of discussions. I am sure that if somebody leaked to me about all of the discussions you have with your wife and I took those leaks as factual matters, you would be wondering what the hell is going on here.

**Mr. Norm Miller:** I guess that document—

**The Chair (Ms. Cheri DiNovo):** I am afraid that's it. We are adjourned until Tuesday, May 31 at 9 a.m., at which time the Ministry of Health and Long-Term Care will be here. We'll reconvene with this minister after we've finished with that ministry. Thank you very much.

*The committee adjourned at 1800.*











## CONTENTS

Wednesday 18 May 2016

Ministry of Aboriginal Affairs .....	E-933
Hon. David Zimmer	
Ms. Deborah Richardson	
Mr. Matt Garrow	

### STANDING COMMITTEE ON ESTIMATES

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Mrs. Kathryn McGarry (Cambridge L)

Mr. Norm Miller (Parry Sound–Muskoka PC)

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**Legislative Assembly  
of Ontario**

First Session, 41<sup>st</sup> Parliament

**Assemblée législative  
de l'Ontario**

Première session, 41<sup>e</sup> législature

**Official Report  
of Debates  
(Hansard)**

**Tuesday 31 May 2016**

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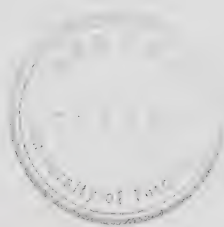
**Mardi 31 mai 2016**

**Standing Committee on  
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Ministry of Health  
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**Comité permanent des  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Tuesday 31 May 2016

Mardi 31 mai 2016

*The committee met at 0900 in room 151.*MINISTRY OF HEALTH  
AND LONG-TERM CARE

**The Chair (Ms. Cheri DiNovo):** Good morning, everyone. We're here today to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of 11 hours and 45 minutes remaining.

Before we resume consideration of the estimates, if there are any inquiries from the previous meetings that the minister or ministry have responses to, perhaps the information can be distributed by the Clerk at the beginning, in order to assist the members with any further questions. Is there anything like that, Minister? Anything to be distributed? No? Okay.

When the committee adjourned on May 11, the official opposition had 11 minutes and 30 seconds left in their round of questions. Mr. Yurek, the floor is yours.

**Mr. Jeff Yurek:** Thank you very much, Chair. Good morning.

**Hon. Eric Hoskins:** Good morning.

**Mr. Jeff Yurek:** I guess my colleague Bill Walker had left off asking a bit about the Assistive Devices Program, so I'll just finish up his line of questioning here. I asked you a question in the Legislature regarding diabetic foot ulcers and how people are needing to have an amputation without the proper wound care and prevention. The Premier's report was tabled in 2012 to deal with ensuring that those with wounds are treated with the top level of care and best-practice guidelines.

From the Canadian Diabetes Association: Diabetic foot ulcers cost the health care system between \$320 million and \$400 million and, in indirect costs, between \$35 million and \$60 million, yet the offloading devices, which could yield a savings of between \$48 million and \$75 million, are taking a long time to get enacted. Could you give us a timeline, or explain why it took so long to act on getting these offloading devices covered for people with diabetic foot ulcers, and perhaps give us an outline of how much money is going to be spent on this program?

**Hon. Eric Hoskins:** Thank you for the question. The issue of diabetic wound care is an extremely important one, as you can imagine, as you've referenced, including the issue of offloading devices. We have asked HQO,

because I think it's important to follow best practices and clinical guidelines and develop a uniform approach across the province. In this particular case, it's extremely valuable in the context of home and community care as well.

With our partners, like RNAO and like Wound Care Canada—I think that is how they refer to themselves—we are developing best practices, generally speaking with regard to wound care management of diabetic patients, but specifically, as well, on the issue of offload devices. We expect that in the coming short while, I would expect in the next two or three months—is that probably a reasonable time frame?

**Dr. Bob Bell:** Yes.

**Hon. Eric Hoskins:**—that we will have the advice from the HQO-generated table that has that broad participation that I think is necessary to reach the right conclusions. Then, ADP will be looking at that based on the recommendations of that table, assuming that they recommend its provision, and that will be something that we'll be looking at in the context of ADP.

**Mr. Jeff Yurek:** Do you have a budget and time frame?

**Dr. Bob Bell:** Can I just add to that, Minister? You asked about—

**The Chair (Ms. Cheri DiNovo):** Excuse me, Dr. Bell. If you could just say who you are before you begin speaking? Thank you.

**Dr. Bob Bell:** Sure, sorry. Deputy Minister Bob Bell.

Mr. Yurek, you asked about offload devices specifically. We've started a health technology assessment of the role of various offload devices, initially looking at total contact casting, but now also looking at irremovable air casting devices and—you're quite right—looking at how that could build into the diabetic program within our ADP program.

**Mr. Jeff Yurek:** Do you have an estimate at all on what you would budget toward covering it? Is there going to be an increase to ADP's overall budget or will it just be part of the package when it's added in?

**Hon. Eric Hoskins:** Well, at this point, we're obviously awaiting the recommendations in terms of what the panel recommends based on best practices, so we'll look at the recommendations when we receive them.

**Mr. Jeff Yurek:** Okay. My next question is—and it just has to be a simple "I'm not telling you," or give me a date. I'm getting a lot of calls in my office that the

magical omnibus LHIN bill is coming to be introduced. Is it coming within the next week and a half?

**Hon. Eric Hoskins:** Certainly we look forward to introducing the LHSIA bill at the earliest opportunity. I can't give you a specific date at this point in time.

**Mr. Jeff Yurek:** Okay.

If you look on page 137, in every instance of a cut to the transfer payment to a LHIN in 2016-17 estimates, interim actual spending for 2015-16 was higher than the 2016 estimates. Can you explain the reasons for the difference there?

**Hon. Eric Hoskins:** Just give us a moment to find the reference. Page 137, was it?

**Mr. Jeff Yurek:** Yes.

**Dr. Bob Bell:** Sorry, Mr. Yurek. You're suggesting the change from 2015-16 estimates to 2016-17 estimates is negative?

**Mr. Jeff Yurek:** Yes.

**Dr. Bob Bell:** For example, Waterloo-Wellington is a \$6-million increase; Central West, a \$4-million increase; Toronto Central has a small negative of \$108,000; Champlain \$3 million incremental, for a total sum of \$14 incremental from 2015-16 to 2016-17.

**Mr. Jeff Yurek:** Yes.

**Hon. Eric Hoskins:** As the deputy mentioned, overall, the change in estimates from the previous year represents an increase of roughly \$14 million. In addition to that, it's anticipated that that number will increase because the home and community care investment that was referenced in the recent budget hasn't yet been added. Obviously a significant component of that will flow through the LHINs as well.

**Mr. Jeff Yurek:** On page 144, you have a \$100-million investment in community services. Could you explain where the community services money is going?

**Dr. Bob Bell:** Sorry, say that again—144?

**Mr. Jeff Yurek:** On page 144, the third item, community services investment, you have \$100 million roughly.

**Dr. Bob Bell:** Just let us check. I think I know the answer, but let me be certain on that. Minister, do you want me just to describe this? The total allocation has not been announced as of yet, Mr. Yurek, but if we use last year's allocation:

—\$49.1 million to expand community service capacity, client acuity and reduce alternative level of care pressures in the hospitals;

—\$5 million to support the implementation of proposed amendments under the Home Care and Community Care Services Act to increase the home care nursing availability;

—\$1.5 million to support the indirect costs associated with delivery of community exercise and falls prevention;

—\$6 million to support the continued operation of 250 convalescent care beds within long-term care;

—\$3.8 million to offset reforms for funding within the CCAC systems; and, of course,

—a \$77-million increase in PSW wages last year by \$1.50. This year, there will be a similar increment of \$1; and

—a base allocation of \$20.9 million incremental related to the continuation and expansion of the health links program.

That was the total for last year of—just adding it quickly—a little less than \$204 million, probably about \$180 million. It's not totalled here, but doing the quick math, it was somewhere around \$180 million last year; this year, an incremental further amount for home and community services.

**0910**

**The Chair (Ms. Cheri DiNovo):** Mr. Yurek, you have about two minutes left.

**Mr. Jeff Yurek:** Two minutes? Okay.

Page 158: There was a \$100-million cut to community and priority services, and provincial programs and stewardships. Can you give a brief explanation of what happened at that part with the transfer payments?

**Dr. Bob Bell:** Mr. Yurek, the \$122 million that you see as the major negative there related to transfers that occurred during the year to look at solving pressures in programs, such as the cardiac program, the cancer program and the transplant program. This was essentially an accounting adjustment for increases that were made in other programs.

**Mr. Jeff Yurek:** Sorry—Associate Minister, good morning. I didn't see you earlier so I just wanted to say good morning to you.

**Hon. Dipika Damerla:** Good morning.

**Mr. Jeff Yurek:** Have any LHINs clawed back any transfer payments to hospitals they've deemed as over-payments this past year?

**Hon. Eric Hoskins:** Not that we're aware of, no.

**Mr. Jeff Yurek:** How many LHINs have already begun to implement the Patients First discussion paper?

**The Chair (Ms. Cheri DiNovo):** I'm afraid that's the end of your time, Mr. Yurek. You'll have to sit with that question.

We now go to the third party. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I am just going to ask a quick question about his line of questioning at the very beginning. We were all there—and I think you were there, Minister—when RNAO came for receptions downstairs and told us in no uncertain terms that if the government doesn't move with offloading devices for people with foot ulcers, mainly people suffering from diabetes, they intend to bring 2,000 amputees onto the front lawn of Queen's Park to drive the point home that if we don't do this, every single year in Ontario, 2,000 people lose a limb to foot ulcers.

In piggybacking on what he was asking, are we going to do something to avoid this demonstration of 2,000 amputees on the front lawn? I would rather those people don't have to come here.

**Hon. Eric Hoskins:** Certainly at the time of RNAO's Queen's Park day, we had already established a table through HQO to look at the issue of wound care for



diabetics, including the issue of offloading devices. They had been invited to participate, so they were aware that this table existed and their participation was essential.

As you can appreciate, it's important for us to bring together the best clinical experts and advocates on this issue to develop the appropriate clinical guidelines for their use and recommendations for the government. I've had a number of conversations, including with RNAO, Wound Care Canada and others, about this issue over the past while.

As I referenced earlier, we anticipate in the near future that we will have recommendations flowing from that table, which I think is the appropriate process to follow. Depending on the nature of those recommendations, we'll have the opportunity as a government to act.

**M<sup>me</sup> France Gélinas:** If we look at time frame, is there a chance that the time frame for all this good work to happen will be done before this fall?

**Hon. Eric Hoskins:** We want to make sure that the table doesn't feel constrained in terms of arriving at their recommendations. It really is up to them to determine the amount of time they require to provide recommendations to the government. That being said, I anticipate that the timeline you suggested is probably a reasonable one.

**M<sup>me</sup> France Gélinas:** Thank you so much.

Just two quick questions. The first one has to do with updating the paramedic training standard, more specifically for oxygen administration and spinal immobilization. Right now, paramedics are required to apply spinal immobilization as per the standards, even in events where best practices would tell you that it is not the best course of practice. You are quoted saying—actually, it's in a letter. You wrote that the emergency health services branch would be updating paramedic training standards and that it would be in early 2016. Early 2016 is coming to mid-2016. This is May 31, after all. I was just wondering, are you going to meet this timeline commitment that you had made in the letter or are we looking at a new timeline for updating paramedic training standards?

**Hon. Eric Hoskins:** I might ask the deputy to add to this.

I'm hoping that you'll grant me the ability to answer this in a more fulsome manner slightly later for the sole reason that the ministry official who's responsible for this file is currently in committee elsewhere.

Deputy, you may have a more fulsome answer, but I would appreciate having the value of her input. She would be able to provide, I think, the clarity that you're asking for.

**M<sup>me</sup> France Gélinas:** No problem. I'll bring it back. Just flag it to me when that person is here.

**Hon. Eric Hoskins:** Thank you.

**M<sup>me</sup> France Gélinas:** All right. I had asked a number of questions about long-term care and then, when I reviewed what I had asked, I had forgotten to ask the most important one. I guess I wasn't clear enough as to the average number of hours—to the associate minister—of hands-on care and how you do this calculation. I see that the researcher has written the question as out-

standing, but, this particular one, I guess I was not clear enough when I asked. If I were to ask you right now, what is the average hours of hands-on care provided in our long-term-care homes, the answer would be?

**Hon. Dipika Damerla:** I think the answer would be the hours of care that somebody needs, because the principles on which we fund any home or any bed is really driven by the acuity of that resident. We really fundamentally believe that care has to be tailored to the needs of the resident, and so the correct answer to your question would be the number of hours that the person would require.

**M<sup>me</sup> France Gélinas:** I fully agree with your answer, but I would say, because we're at estimates and we're following the money right now, if you look at the money that is being spent through our long-term-care lines in the budget and you look at the number of residents, what would that come out to, as to the number of hours of hands-on care?

**Hon. Dipika Damerla:** I think the last time you asked this question, I had responded, in terms of that exact number that you are looking for, that we would consider your question and see if we could get back to you. I believe that's a request you've already put in.

But I really don't want to miss the opportunity to underscore—and you probably understand this—the real importance of not getting caught up so much in average numbers as much as in what a resident needs, what is their acuity and what we can do to constantly refine our ability to fund a bed and a person in a manner that reflects their true needs.

**M<sup>me</sup> France Gélinas:** I agree. It's just, as I said, when I reviewed the Hansard—I think you get it. But I guess I was not clear enough at the time, so I wanted to be clear that time.

**Hon. Dipika Damerla:** You're very clear.

**M<sup>me</sup> France Gélinas:** All right.

Just one quick number: We all know that there are barriers to access for trans people. Important work has been done to build primary care capacity for trans people, but significant barriers continue to be there for publicly funded procedures for many trans Ontarians.

**0920**

In June of last year, I made the comment that there were 970 individuals on the wait-list. In November of this year, it has risen to 1,064. Every month, the list goes up, not down.

First of all, do we track what the wait-list is for, as in how many people are waiting for sex reassignment surgery? How long is the wait time for those people? Do we track it, and where are we at in the specific number of people waiting and the number of months or years that they have to wait?

**Dr. Bob Bell:** Since March 1, 2016, the ministry has approved over three times the number of requests for approval of insured sex reassignment surgery, compared to the same time last year—

**M<sup>me</sup> France Gélinas:** So that's from five to 15?

**Dr. Bob Bell:** In 2015-16, there were 117 insured sex reassignment procedures. I'm not exactly sure of the rate within the first quarter, but certainly the rate of approval has increased pretty dramatically.

I'll also mention that what I'm referring to is the undertaking of insured services. The assessment, of course, is probably what you're referring to, the wait time for assessment. Many patients are assessed for each patient that actually has approval for undertaking a sex reassignment procedure.

The increased number of referrals is certainly being responded to by increasing funding. As you know, in the 2016-17 estimates, we're estimating \$4.3 million for expenditures relating to sex reassignment surgery only, as compared to 2015-16, where the budget line was \$2.99 million.

In addition to additional training for health care providers focusing on transgender issues and providing assessment for sex reassignment surgery—it used to be that the Centre for Addiction and Mental Health adult gender identity clinic was the only place where assessment and consultation regarding appropriateness for sex reassignment surgery was undertaken. We've expanded that now, of course, to many other health care providers who are trained in transgender issues. That training has been developed by Rainbow Health Ontario and is being applied much more broadly.

There's planning under way. As you know, currently, most sex reassignment surgery is done outside the province, in Quebec or, in rare instances, in an American centre, but there is planning under way for potentially repatriating aspects of SRS to an Ontario centre. We do have interest from one of our centres for undertaking that.

The number of procedures: We've gone from 29 procedures being undertaken in 2009-10 to 154 procedures in 2014-15 and 158 procedures in 2015-16. As mentioned, the rate of approval for SRS in the first quarter of this year has gone up by three times, compared to the rate of approval in the previous year.

**M<sup>me</sup> France Gélinas:** All right. I will repeat my question. I thank you for sharing that with me, but the question is, how many people are presently on the list? How long have they been waiting for sex reassignment surgery?

**Hon. Eric Hoskins:** The list that you're referring to is which list?

**M<sup>me</sup> France Gélinas:** People that have been assessed who are waiting for sex reassignment surgery.

**Hon. Eric Hoskins:** So they've been assessed and approved?

**M<sup>me</sup> France Gélinas:** Assessed and approved, and waiting for sex reassignment surgery. We had 970 individuals waiting as of June of last year. In November of last year, it was 1,064, and every month the list is getting longer. How many individuals are waiting on the list for sex reassignment surgery at this point?

**Hon. Eric Hoskins:** The reason why I'm—

**M<sup>me</sup> France Gélinas:** If you want to give me the list of the people waiting for assessment—

**Hon. Eric Hoskins:** No, the reason why I'm asking about the list is that I think you may be confusing two lists. The list of those who are waiting for assessment at CAMH, which is the figure in the 900s that you referenced, doesn't represent approval for sex reassignment surgery. Right? You understand?

**M<sup>me</sup> France Gélinas:** I fully understand the two. My numbers tell me that there were 970 who had been assessed and approved, and who are waiting and waiting for years.

**Hon. Eric Hoskins:** I know the staff behind us are looking into that, but I would be surprised if that were the case. I think we may be talking about two different lists.

**M<sup>me</sup> France Gélinas:** Then give me the numbers of people on both of those lists, and give me the wait time for both of those lists.

**Hon. Eric Hoskins:** Okay. And then, with regard to the first list, if I might—

**M<sup>me</sup> France Gélinas:** Sure.

**Hon. Eric Hoskins:** Tell me to stop if it's not helpful. Due to the changes that we implemented, which came into effect in March, where virtually any trained provider across this province can provide that assessment and approval, along with the fact that we've provided additional clinicians and social workers at the CAMH site, that CAMH wait-list for assessment is much less important because of the ability of literally potentially hundreds of providers to provide that assessment and approval.

With regard to those who have been approved but are waiting for surgery, we will make every effort to see if we can help determine that figure.

**M<sup>me</sup> France Gélinas:** Okay. And is any work on the way to have the sex reassignment assessment done in the north?

**Hon. Eric Hoskins:** Well, again, the beauty of the changes that we made is that it becomes provider-dependent. Providers who have the necessary training, in concordance with the WPATH recommendations, will be able to provide that assessment wherever they are.

**M<sup>me</sup> France Gélinas:** But, Minister, this never serves the north well. When you make a policy, you have to put a lens of equity of access. If you let providers decide where they set up shop, it's fine for the providers, and it does improve access, but it does not bring equity, ever.

To bring equity, you have to be at the helm of your ministry and say, "Here's where those services are needed," not just "Where would you like to set up shop?" Because whether we're talking about PET scans or sex reassignment surgery—and I could line up many more services that are provider-dependent—providers do not come to northern Ontario, which means that the people I represent don't have equitable access.

We don't want the same as Toronto. We understand that we're never going to have double lung surgery done in Gogama; that's fine. But we want equity. When you put out a program like this but don't have any mechanism in place to make sure that we have equity, we don't.



**Hon. Eric Hoskins:** Well, first of all, I don't subscribe to the view that practitioners in the north, or other parts of the province, would be any less inclined or interested to provide this important service because of equity issues. Second, I would argue that going from a single site for assessment and approval to literally hundreds of sites across the province is a dramatic improvement in health equity.

**M<sup>me</sup> France Gélinas:** It is. So I will get the number of people waiting at some point?

**Hon. Eric Hoskins:** I will do my best.

**M<sup>me</sup> France Gélinas:** Sounds good.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have about two and a half minutes.

**M<sup>me</sup> France Gélinas:** Really? How long was the thing?

**The Chair (Ms. Cheri DiNovo):** Twenty minutes.

**M<sup>me</sup> France Gélinas:** Really? All right. A short question, then—none of my questions are short.

**Hon. Eric Hoskins:** Tell me about it.

0930

**M<sup>me</sup> France Gélinas:** Back to the Assistive Devices Program: Now that Shoppers has dropped off the ADP program, how do you make sure that there is equity throughout the province for access to meet your ADP commitment?

**Hon. Eric Hoskins:** If you'll just allow us a moment.

**M<sup>me</sup> France Gélinas:** You have two minutes.

**Dr. Bob Bell:** We have 1,100 vendors that we're working with at the retail level to provide services across the province for the ADP program.

**M<sup>me</sup> France Gélinas:** If you don't mind, I would like to have a geographical distribution of those 1,100 vendors, just to see how the different parts of Ontario are serviced.

**Dr. Bob Bell:** Okay.

**M<sup>me</sup> France Gélinas:** Thank you. I'll save my 30 seconds.

**The Chair (Ms. Cheri DiNovo):** You've got about a minute and 30 seconds.

**M<sup>me</sup> France Gélinas:** Do I? Okay. I have heard, more and more, that there are collusions between long-term-care homes and ADP suppliers. I was wondering if there have been any investigations done by your ministry or the department involved to look at collusion between long-term-care homes and ADP providers who do not benefit the public purse.

**Hon. Dipika Damerla:** Sorry, can you just clarify what ADP provider—

**M<sup>me</sup> France Gélinas:** Sure. A long-term-care home procures all of their ADP equipment—you know how the system works. It's actually the patient who gets the wheelchair, etc. They always funnel it through the same ADP provider, although another ADP provider in the same city could have provided that patient with a much lower-cost wheelchair.

**Dr. Bob Bell:** We do have an investigation branch that evaluates that. It is an area that we've been looking into over the past year—

**The Chair (Ms. Cheri DiNovo):** I'm afraid we're going to have to leave it there and move to the government side at this point.

**Ms. Indira Naidoo-Harris:** My question is directed to Minister Damerla. Minister Damerla, recently there were some startling statistics that came out. Recently, Canada reached a new milestone. The numbers that came out are that essentially there are now more people over the age of 65 than there are children under the age of 14. This really represents a remarkable shift in our society, and it's an important demographic shift, especially when we're looking at not just our society but the impact that this could have on our health care system and the lasting impact it could have on our long-term-care system.

At the same time that this happened, there was also another number that came out, and that number had to do with median age. The new median age in Canada is now estimated at being 40.5 years. That's essentially the oldest it has ever been in the history of the country. It's absolutely clear: Society is changing and our population is aging. As you know and as we all know in this room, this could have serious effects on our health care system.

In January of 2015, Ontario's Patients First: Action Plan for Health Care was launched. It was launched with a vision to really transform health care and transform the way we deliver health care in our province. What we are now doing is putting patients' needs first. We're changing things around a bit. We're not so much concentrating on how we're delivering the services, but we're looking at the experience of the individual going through the system.

To meet this commitment and build on the action plan, the ministry has been establishing—to set a foundation, essentially, for a consistent and integrated approach to health system capacity planning. Of course, when we're talking about our seniors and the aging demographic, capacity planning is going to be key for us to be able to deliver quality health care to all Ontarians.

This is, of course, very important work. As our population ages and more and more Ontarians may need to rely on the care provided by one of our hospitals or the specialized treatment care facilities and long-term-care facilities, we all expect that our parents and our grandparents are going to get the care that they need. I can certainly tell you, from my own experience—my father is 85, almost 86, and he has just moved in with us. I'm very aware now of just what his care needs are, in terms of his aging, and health is at the centre of much of what is happening with him.

I've also been doing some work in terms of dementia and Alzheimer's and so, as a part of that work, I speak to seniors on a regular basis. Quality health care and preparing for people as they age, and creating an environment where they can get the care they need, is absolutely important, because, after all, these are the people who took care of our needs when we were younger. As a society and as a province, we want to ensure we're doing the same for them.

Minister, could you please provide this committee with an update on the plan to ensure that our health care



system is able to meet the demands of our parents and grandparents, both now and in the future?

**Hon. Dipika Damerla:** Thank you, MPP Indira Naidoo-Harris, for that excellent, excellent summary—

**Ms. Indira Naidoo-Harris:** Thank you.

**Hon. Dipika Damerla:** —of exactly what our challenges are, and giving me the opportunity to reassure this committee that we are fully aware of the challenges, and how we are responding to them.

I will be sharing my time with my ADM, Peter Kaftarian, who will speak at length and give some detailed examples of what we are doing.

I'd like to begin by saying that when we look at the aging of seniors, it's beyond long-term care. It is the continuum of care that we need to provide. The Ontario government's entire strategy around aging is really driven by an absolutely fantastic report that was commissioned by Dr. Samir Sinha, which all of us are very aware of. He's a very well known gerontologist. What's really remarkable about that report was that Dr. Sinha wrote that in consultation with Ontario seniors. There were three things that came out really strongly in that report, that Ontario seniors told the province and Dr. Sinha.

The first, of course, was that today's seniors are living longer and healthier than ever before. That's really important for us to remember. Sometimes we are so focused on those who are not well, as we should be. But the remarkable thing about modern science, and modern medicine, really, is not only how much longer most of us are living but how much healthier many of us are living. That is a really positive story in terms of, yes, we are aging as a society and, yes, there might be more pressures on health care, but it's also important to recognize that more and more of us are also living healthier lives and have great expectations of what I call the third act.

The second thing that that report and Ontario seniors told us was that they want to live in their own homes as long as they can. That was the second-most important thing that came out of that report. We have taken that advice of Ontario seniors to heart, that they want to live in their own homes for as long as possible.

You will see that in many of our programs, not just coming out through the Ministry of Health but, quite frankly, through many different ministries, whether it's supports or renovation tax credits that we had for seniors, or property tax rebates for seniors—and not looking at it just from the lens of what the Ministry of Health is doing, but if you look at all of government, whether it's the accessibility piece, as we move ever more towards more livable urban planning—the whole goal is how we can make it easier for people to live in their homes for as long as they can.

Within the Ministry of Health, the biggest push that you've seen to help that happen, and to help us achieve that, is the focus we have put on care in the community. Minister Hoskins can speak more to it, but we have consistently increased funding to ensure that people get the care they need in their own homes, no matter what you call it.

We've now announced our affordable housing strategy, which will also go a long way in addressing the needs of seniors and their ability to live in affordable assisted housing, which is, again, a really key component of letting people stay in their own homes for as long as they can.

**0940**

Then, finally, funnelling down further, obviously, is the piece we all recognize: There comes a time when you've tried everything, and it is time for somebody to perhaps live in a long-term-care home. I know that almost every single MPP on that side—I should say on all sides, frankly—has had some experience. I think you mentioned once that a loved one was in a long-term-care home as well. All of us have the lived experience of having a loved one in a long-term-care home, and we know that that service is critical and vital as well for the family and for the resident. So we have been doing a number of things within the space of long-term care, but I'd like to highlight a couple.

The first one—you've alluded to it—is capacity planning. Capacity planning is something that is fundamental to what the Ministry of Health has been doing. The idea is very simple: We want to know the ideal number of long-term-care beds we ought to have, not just now, but going into the future, because as you can imagine, there is a lead time: If I need X number of long-term-care beds in five years, the work may have to start now. That capacity planning is well under way, and I know that Peter will speak more to that.

The other piece that is critically tied to capacity planning is our redevelopment of 30,000 long-term-care beds across the province. This is really critical, as many of you who are familiar with long-term-care homes or have loved ones—in every long-term-care home, the one thing I'm convinced of is that front-line workers do the very best they can to provide excellent care, but I think that bricks and mortar matter. We have seen some of the new, modern long-term-care homes, and they're just fantastic.

In fact, I recently visited one in Thornhill. It's called Mon Sheong, and I would love to get my name in right now. It's just a fantastic facility. What we would really like is to see every facility in Ontario like Mon Sheong: wide, airy spaces, lots of light, broad hallways. All of the rooms are semi-private; they don't have a basic room. They charge the basic rate, but they're all either private or semi-private; excellent staff, excellent facilities. It was such a joy to be there—a positive, vibrant place.

Redevelopment is a really critical part of our commitment to ensuring that long-term-care homes deliver quality care. As you correctly said, MPP Naidoo-Harris, this is for the seniors of our province, who are not only our parents and grandparents, but who also built the province and on whose shoulders we live today.

With that preamble, I'm going to turn it over to Peter.

**Dr. Bob Bell:** Just on the way over, Minister, if I may—pardon my voice—pay tribute to MPP Naidoo-Harris for the terrific work she has been doing, contributing to the ministry's capacity planning process and

understanding how the increasing prevalence of dementia really challenges us, but at the same time, new treatment methods in the home and the community for patients with cognitive decline offer real opportunities. Thank you, MPP Naidoo-Harris, for your leadership in helping us get this work out to the communities, and also helping us build that strategy. Thank you very much.

**Ms. Indira Naidoo-Harris:** Thank you for all your help with the work we've been doing.

**Hon. Dipika Damerla:** I echo the deputy's compliments. Now, if I can turn that over to Peter. Take it away.

**Mr. Peter Kaftarian:** Thank you, Minister.

My name is Peter Kaftarian. I'm the executive director of the health capital division of the Ministry of Health and Long-Term Care. Before I talk about redevelopment, maybe I'll just give a little snapshot of what my portfolio is responsible for, to set a little context.

The team that I'm responsible for has two branches: the health capital investment branch and the long-term-care home renewal branch. The vision of our division is to help build quality facilities to support excellent health care for the people of Ontario.

We directly support significant investments, whether they're hospital projects, community health centre projects or long-term-care redevelopment. These programs all fall under my purview.

The dedicated staff on my team work very closely across the ministry with our colleagues to administer the investments, program design, and technical and financial oversight to support transformation of the ministry and the system.

Within the two branches I mentioned, the health capital investment branch is currently managing over 100 projects that we have across the province, and the long-term-care home renewal branch was set up to support the redevelopment program specifically, or the enhanced long-term-care home renewal strategy.

As we have heard, we have a growing seniors' population and increasingly complex needs. We're continuing to see increased levels of demands on the long-term-care system and the residents who are actually being admitted into long-term-care homes.

In order to address this challenge, we are looking at our current and future long-term-care resident populations and recognizing the important role that long-term-care homes have in providing quality care and service to residents with daily living and access to 24-hour nursing care and support in a residential setting. Of the approximately 78,000 long-term-care beds in 630 homes, there are close to 30,000 beds that are part of our redevelopment program. To renovate or rebuild these homes by 2025 is our target.

There have been a series of programs in the past that I'll just skip over and jump right into our more recent programs. One that has come up a few times in the committee is the Long-Term Care Home Renewal Strategy. It was announced in 2007. It was to redevelop 35,000 beds that were targeted as B, C or upgraded D beds. The program kicked off in 2009, and fewer beds than anticipated were taken into the program.

What we did to launch the enhanced strategy was to make changes: How do we get the operators in the sector—whether it's for-profit, not-for-profit or municipal—interested in the program to rebuild, in order to ensure that we have these homes up to the most current design standards?

In the fall of 2014, the Enhanced Long-Term Care Home Renewal Strategy was announced. This strategy will help long-term-care operators redevelop these homes. Residents will benefit from the redevelopment of these homes to make them as home-like as possible, because these are homes. These are not institutions or facilities; this is a residence home. That's an important thing to remember every time we go on tours: This is somewhere someone lives, as opposed to a facility or an institutional setting.

Since the announcement, we've made significant progress. I'll just talk a little bit about it. We announced it in the fall of 2014, and we immediately did a stakeholder consultation session. This lasted a couple of months, and there were approximately 40 different organizations represented in each of these sessions.

At the end of the stakeholder sessions, as part of that announcement, we did announce a project office in the fall of 2014. This is a dedicated office; all that these staff do is redevelopment. We've got a team, we've got a director lead, and their entire focus is developing and implementing the program, and making sure that program is successful.

There was an increase in the construction funding subsidy that I'll talk a little bit more about in detail after I get through a few more bullets, as well as supporting an increase to the preferred accommodation premium that operators are permitted to charge and extending the licensing term from 25 to 30 years. Now, if you redevelop a home and you receive a licence, you now have a 30-year operating window to run your home, as opposed to 25, which has been the most recent program.

We also set up a committee to review variances to design requests. We understand that, for example, in an urban setting in the city of Toronto, where you may be land-locked and you want to renovate your home, you may not be able to renovate to exactly what our design standards say because, for example, you have a support wall that you cannot move.

The historical program said, "If you can't build to these design standards, we're going to reduce the subsidy that the ministry will provide." We've set up a committee that will hear operators who come in and say, "Here's my situation. Here's why I can't build to exactly the number of square feet. I can build a private room that's two feet less than your minimum. This is the best that I can do. I can maintain quality of life and quality of care to the resident. I don't want to be deducted from the subsidy I'm providing. Can I have some consideration for not being penalized for this, due to my unique circumstances?" This was also part of our strategy, and we committed to roll that out.

Maybe I'll talk a little bit about the construction funding subsidy because it is one of the things that we



seem to spend a lot of time on, just understanding with the sector. The construction funding subsidy is a subsidy. We don't actually provide the funding for the full cost of redevelopment. It's a subsidy. Operators are expected to put some of their own equity into the process, whether it's land or otherwise.

Once a long-term-care home redevelops, we provide a per diem over the course of 25 years. It starts off with a base per diem, which is \$16.65. Then there is also an addition to the home size: How big is your home? For these smaller homes in the north—we had, on one of our stakeholder committees, a municipal home from the north who explained that they don't have a lot of clientele who want to pay for private accommodation. Their main clientele want a basic room. They don't mind sharing, or they can't afford the cost for a private room.

We actually provide an additional subsidy for these smaller homes, up to \$1.50—these would be homes under 96 beds—on top of that \$16.65. A medium-sized home, which is 97 to 160 beds, gets an additional 75 cents. A large home is over 161 beds.

0950

What's important to note on this is that we worked with the sector to come up with these ranges. We had an envelope to work within, but we worked with the sector on what's deemed to be a small home, what's appropriate as a medium home or a large home, and that's how we've delineated it.

From an environmental perspective, we do provide a dollar premium if the home builds to LEED silver—

**The Chair (Ms. Cheri DiNovo):** Assistant Deputy Minister, you have two minutes left.

**Mr. Peter Kaftarian:** Okay, thank you.

We also have basic accommodations. Building on what I mentioned about homes in the north, if you build up to 60% of your home as a basic accommodation room, you'll receive an additional \$3.50. We also have an enhanced transition support, so if you're renovating your home, we do provide a premium to support. For example, if you're renovating part of your home and the remaining part of your home is open, and you've got additional cleaning requirements in order to maintain your home-like setting, we do have this additional amount to support the home. Not-for-profit homes also receive a grant of \$250,000 to support the early planning.

That's the construction funding subsidy in a nutshell. We made significant changes to that policy based on sector feedback and rolled it out as part of our program in 2014.

The ministry is also currently in the process of piloting a new process aligning approvals and licensing. One of the challenges in the past has been, when does the formal licensing process happen compared to when does the formal approval process for your home occur? We've been working very closely with the long-term-care home division and we're now trying our best to align these processes. So when you have approval to redevelop, you've also got approval of your licensing. The licensing is a legislative process, and we're trying our best to align

these two to create more efficiencies and speed up the process for redevelopment.

I mentioned stakeholder consultation, and that's been an absolutely critical reason for the success of our early engagement. We have a stakeholder committee with representation from associations—from AMO, from for-profit, not-for-profit, municipal. We have a resident on our committee; we have a family from the residents' council, family council. We meet every two months. We were meeting monthly at the start and we've spaced it out a little bit.

This engagement with the sector has been critical for us to understand what some of the issues are with the program, how we can fix it and how we can make it more effective.

**The Chair (Ms. Cheri DiNovo):** Thank you, Deputy Minister. Now we go to the official opposition: Mr. Yurek for 20 minutes.

**Mr. Jeff Yurek:** I guess I'll just go back to where I left off with the Patients First discussion paper. How many LHINs have started to implement some of the elements of that paper?

**Hon. Eric Hoskins:** None.

**Mr. Jeff Yurek:** Okay. My LHIN, South West LHIN, has already created its sub-LHIN structure. Can you maybe verify that answer?

**Hon. Eric Hoskins:** Long before the discussion paper, but certainly subsequent to it, we've had in-depth discussions with a variety of stakeholders, including our LHINs, obviously, in preparation for eventual legislation and the transformation that's outlined in the discussion paper. That was further refined as a result of consultations since December. There have been preparations and refinements made.

As outlined in the discussion paper, if the intent of the government is to proceed with, for example, sub-LHIN regions, then it's responsible, I think you would agree, for the LHINs, together with the ministry, to begin the process of looking at what the delineations, the demarcations or the boundaries of those sub-LHIN regions might be.

**Dr. Bob Bell:** If I may just add one comment on that: One of the major functions of the LHINs is to integrate care for complex patients. One of the most important initiatives that they've introduced is the concept of health links. It really looks, especially at the South West LHIN, as if the current geography for health links actually may fit very well with the eventual development of sub-LHIN geographic areas. That's the kind of organization of services that's been undertaken in South West to parallel the health links process, and looking to potential organization of primary care as well.

**Mr. Jeff Yurek:** So you've given direction to start preparing for this change that's coming?

**Hon. Eric Hoskins:** I guess how I try to characterize it is that obviously it's subject to legislation being introduced and passed. If passed, we would then enter into an implementation stage. We benefited from the good advice of our LHINs, among others, even prior to the dis-



cussion paper but subsequent as well. We continue to refine the model that we're proposing and make preparations, I would call it in a theoretical sense, to do the due diligence to have the confidence that the model we're proposing is an effective one, that we have been working with our LHINs on those issues. To refine the proposal, to look at potential models, to look at if we ultimately, through approved legislation, go down the pathway of sub-LHIN regions, we've asked our LHINs working with us and with other stakeholders to ascertain what those demarcations might look like.

**Mr. Jeff Yurek:** Since they've started to create the sub-LHIN structure, have you received any reports outlining the costs that may be associated with these new sub-LHINs and how they will function? Do you have any projections you could share with the committee?

**Hon. Eric Hoskins:** It's always been important to myself, the government and the ministry that we not create another layer of bureaucracy or another structure. I think the deputy was entirely right and appropriate in referencing health links. That provides a model, I think, including demarcation of boundaries that are, generally speaking, aligned with perhaps municipal boundaries or the places where people live and work and play and otherwise.

What we're talking about is the ability to really provide an even more local response to the health care needs and priorities of communities based on the ability to—particularly in large LHINs, like in the north. I had a good discussion with the mayor of Kenora yesterday about the challenges that he faces in a LHIN as vast as it is, so the idea is to be able to drill down and refine an approach so it's more responsive to local needs but to utilize the existing health care leadership, including potentially through the health links structure, to be able to provide that local leadership and refinement of services to do the capacity planning to identify what services are being provided and what the health needs of the population are, and then to respond accordingly.

**Mr. Jeff Yurek:** So you don't have any cost analysis done on how these are going to function or affect the system?

**Hon. Eric Hoskins:** We've looked through the entire model that we're proposing. Of course, we've looked at the fact that we expect—as with the CCACs being dissolved, or at least that's the proposal that would be put forward, presumably—as those services migrate to the LHINs and further through the LHINs to the front line, we anticipate significant savings will be found both at the management and administrative level, but also through other organizational change. That will allow us to reinvest funds in front-line services, services that will benefit patients directly. So we have—

**Mr. Jeff Yurek:** How many positions are you planning on eliminating?

**Hon. Eric Hoskins:** Again, we're still going through the process. We haven't yet, as you know, introduced legislation, so this is in the planning phase. We haven't yet ascertained the precise number.

Our objective in the first instance—well, we have several—would be to ensure that that transition, in the case of the CCAC activities, the home care activities, as was accomplished a number of years ago when we reduced the number of CCACs from in the 40s to 14, has the objective that no home care visits will be lost, that the impact on the patient with that transition will be unnoticed. With that as the objective, in the first instance, of transitioning the care under the authority of the LHINs, there are a number of steps that will be taken. Through those steps, we will be able to ascertain what reduction in FTEs, or perhaps transition of FTEs to another area of care, might actually take place.

1000

**Mr. Jeff Yurek:** So you have a structure that you've theoretically planned out, you're saying you're going to create these savings to go to front-line care, but you can't tell me how many positions we lost to create those savings to get it to front-line care? Unless you're going to infuse it with a whole bunch of new money into the system.

**Hon. Eric Hoskins:** Well, as you know, we are infusing a whole bunch of new money into the system: \$250 million a year into home and community care. But I would hope you can appreciate that, when legislation hasn't yet been introduced, your request to have a specific number of individuals that FTEs may be reduced by, a specific number—I think that perhaps might be a question best asked at a slightly later point in the implementation process.

**Mr. Jeff Yurek:** How about a ballpark figure of how much money will be saved from FTEs in total? Instead of a number, give me a total.

**Hon. Eric Hoskins:** Well, look, I think there's a reasonable expectation by the public that we continue to augment the resources that are invested in front-line care that truly benefits patients. That's the intent, in part, of transitioning CCAC activities into the LHINs, and that's apart from a number of other efforts being made to create a more uniform approach in terms of the consistency of care and the expectation of care that one can receive across the province.

So we have, for many, many months now, been working on this model and we continue to refine it, but I think that given that the legislation hasn't yet been introduced, I am reluctant to speak categorically in terms of what the specific elements might look like.

**Mr. Jeff Yurek:** Legislation hasn't been introduced, but you've already started creating the sub-LHIN structure—

**Hon. Eric Hoskins:** No, we have not. No.

**Mr. Jeff Yurek:** Okay. The South West LHIN has told me that they've created the sub-LHIN structure, so—

**Hon. Eric Hoskins:** Well, they may have proposed to the ministry for their specific LHIN, if we were to move forward with a model that resulted in sub-LHIN regions, what those sub-LHIN regions might look like.

**Mr. Jeff Yurek:** Okay. So the \$250 million that you said would be infused into the system is for the current

system as it's running now. Do you see changes in how that money has been allocated into the budgets with regard to the new structure that you're creating?

**Hon. Eric Hoskins:** Bob, do you want to speak to that?

**Dr. Bob Bell:** Yes. I think probably the opportunity for improving efficiency in home care—ahem.

**Hon. Eric Hoskins:** I shouldn't have thrown that at you.

**Dr. Bob Bell:** It'll come. Don't worry. It's getting better all the time. Ahem. There, it's back.

We expect that the opportunity to actually improve both the efficiency and quality of home care will really come out of the 10-point plan that was introduced last year following the expert panel chaired by Gail Donner. Issues related to standardization of home care through introduction of levels of care; describing patient needs and lining attribution of services; along with standardization of contracts, self-directed care and post-discharge bundled care: These are all elements that have increased efficiency of home care provision, increased the hours of home care available to clients and, most importantly, standardized processes for home care.

The continuation of the 10-point road map for improvement of home and community services is really an essential counter or a partner piece to the potential changes that could roll out with LHIN renewal.

**Mr. Jeff Yurek:** Chair, how many minutes do I have?

**The Chair (Ms. Cheri DiNovo):** You have about eight minutes.

**Mr. Jeff Yurek:** Good. Just to sidestep the LHINs, if you look at your budget this past January—I haven't been able to find an answer for this; maybe you can shed some light. In table 3.26 in the budget, there are notes that revenue from the Ontario lottery to the operations of hospitals has decreased by \$107 million. Can you explain, first of all, where that money goes in the system for the operation of hospitals, why the cuts and how that is going to affect the system?

*Interjection.*

**Hon. Eric Hoskins:** The deputy is informing me that we don't have the relevant chart available to be able to provide advice on that matter. Is that correct?

**Dr. Bob Bell:** That's correct, Minister. Our apologies.

**Mr. Jeff Yurek:** The chart from the budget?

**Hon. Eric Hoskins:** Yes.

**Mr. Jeff Yurek:** Do you want a copy of it?

**Dr. Bob Bell:** We will come back with it, for sure. I just don't think we have a copy of that chart here.

**Mr. Jeff Yurek:** Okay. I was going to give you eight minutes to answer that, too. While I wait for that answer, let's talk about the Welland hospital. The MPP from Welland submitted a petition about the closing of the hospital in Welland with close to 23,000 signatures. The Ontario Health Coalition has also held numerous referendums about the closing of hospitals in Welland and Port Colborne.

How much more can these people do to show the government that they want these hospitals to remain

open, and what can be done to ensure that they have proper access to service? What I'm hearing from these people is that to reach a hospital that will be available to them is far off or an emergency ride in an ambulance.

**Hon. Eric Hoskins:** As you know and can appreciate, my objective throughout the province, including the Niagara region, is to ensure that local residents and the population have good access to high-quality health care. The proposal that has been developed, the recommendations and the proposal that flowed from it, which was the result of the work done by Kevin Smith and others in Niagara recommending the siting of a new hospital—they have received a planning grant to assist them and the community in that process. I'm actually impressed and struck by the breadth of individuals, including representing the areas you've referenced, and the talent that are part of that consultative process and part of the committee that is advising the hospital as they look at next steps.

Recently, in March, the Niagara Health System released their proposed future plans, including the Welland site, as you know. Their plan, which has not been approved—it's simply a proposed plan from the Niagara Health System at this point—actually involves and includes the building of two new stand-alone buildings at the current Welland hospital location that would, in a combined sense, represent about two thirds of the existing space, and there would be a wide variety of services, including urgent care, long-term care and ambulatory care, that would be provided at that site. This is a proposal that the health system has put forward, which the ministry and the LHIN are currently looking at.

In the meantime, I've had a number of conversations with community members, including the political leadership as well, representing Welland and other regions affected by these proposed changes. I'm open, as I was during those conversations, to hearing from them in terms of what their needs are and their proposals to ensure the delivery and accessibility of high-quality care. I would summarize the proposals that are being put forward as being the result of extensive consultation that has taken place over a number of years, fully and wholly focused on the delivery of quality services in an accessible fashion, and then further refined and benefiting from a wide variety of individuals, experts and community members from throughout the region who I believe are able to effectively represent the needs of the disparate various groups within the region itself that would benefit from the changes being proposed.

That being said, I remain fully open to, and have engaged in a number of, conversations with those who represent some of the areas that would come under the umbrella of the services, to hear from them about any concerns, as well as proposals for ensuring that they will have confidence in the outcome.

**Mr. Jeff Yurek:** Any word back on the lottery funds yet, or am I going to have to wait till this afternoon?

**Dr. Bob Bell:** I think so, yes.

**Mr. Jeff Yurek:** This afternoon? Okay.



**The Chair (Ms. Cheri DiNovo):** Dr. Bell, if you could just be a little closer to the microphone when you speak? Thank you.

**Dr. Bob Bell:** Sorry about that.

**The Chair (Ms. Cheri DiNovo):** And Mr. Yurek, you have about two minutes left.

**Mr. Jeff Yurek:** Two minutes? Okay.

You committed \$10 million in the budget with regard to long-term care. How much of the \$44 million in annual base funding for Behavioural Supports Ontario is allocated to help the long-term-care residents in general?

**Hon. Dipika Damerla:** One of the things that we are really, really pleased with in that budget—thank you for asking the question—is the fact that we’re increasing the budget for Behavioural Supports Ontario, because it’s a critical piece, and a recognition by us that, indeed, the acuity in our long-term-care homes is going up and the fact that aggressive behaviours are prevalent in long-term-care homes. That’s the reason we’re investing in BSO. We’ve increased funding for BSO by \$10 million.

One of the things in health care that I think we are really, really trying to do is to move away from the silos of long-term care and community care, and really move to the continuum of care. That’s really important. So BSO, as it is structured now, the bulk of the \$45 million does get spent in long-term care, but a portion of it also does go to support people who may be in the community, either transitioning into—

**Mr. Jeff Yurek:** So what’s the breakdown? That was the question.

**Hon. Dipika Damerla:** The breakdown—I think we can get you the numbers, but I’m quite comfortable saying that the vast majority of the money, whether it’s the \$45 million or the proposed \$10 million—

**Mr. Jeff Yurek:** When will I get the numbers? This is estimates. It’s all about numbers.

**Hon. Dipika Damerla:** Yes. You’re not letting me finish my thought, though, which is the idea, the principle, that the bulk of the money will be going into long-term-care homes. I’m going to say—

**Mr. Jeff Yurek:** When will I get the numbers? That’s the question now.

**Hon. Dipika Damerla:** I’m going to say that the split is somewhere around 80-20 or 70-30, but we will endeavour to get you numbers on that.

**Mr. Jeff Yurek:** You will get me the numbers?

**Hon. Dipika Damerla:** Endeavour to get.

**The Chair (Ms. Cheri DiNovo):** I am afraid that that is all the time we have. We are going to recess now until 3:45. Thank you, everyone.

*The committee recessed from 1013 to 1554.*

**The Chair (Ms. Cheri DiNovo):** Good afternoon. We are now going to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of 10 hours and 32 minutes remaining.

When the committee recessed this morning, the third party was about to begin their 20-minute round of questions. Madame Gélinas not being here, we’re going to

move to the government side, and you have 20 minutes. Ms. Indira Naidoo-Harris.

**Ms. Indira Naidoo-Harris:** Thank you, Chair. Good afternoon, Minister. My question is actually for Minister Eric Hoskins. My comments today are going to focus on dementia.

As you know, I have been working on a dementia strategy for some time, and most of us in this room, I think, have been affected either directly or indirectly at some point in our lives by Alzheimer’s and other dementias. I know it’s never easy, and I know first-hand how devastating these diseases can be. You see, a little while back my father-in-law Tommy was diagnosed with dementia. It was a hard thing for my family to watch as this disease profoundly changed him. So this topic is very personal for me.

The reality is that there are tens of millions of people around the world who are just like Tommy and will eventually forget the names of their friends and family. Closer to home here, it’s estimated that over 200,000 Ontarians are currently living with dementia and, as our population ages, that number is going to rise to close to 400,000 by 2038. While dementia is most common among seniors, it’s important to note that one in every thousand persons under the age of 65 develops dementia.

The social, economic and personal impacts of dementia are substantial. In fact, between the years 2008 and 2038, it’s estimated that dementia is going to cost Ontarians close to \$325 billion in direct health costs, indirect costs and opportunity costs for care partners. There can also, of course, be considerable personal financial burden for people living with dementia. It’s estimated, in fact, that the average out-of-pocket cost for people with dementia is close to \$1,000 per day.

These numbers, as you know, as compelling as they are, don’t tell the whole story. Numbers don’t speak to the toll that the disease takes on individuals and their families, and they don’t speak about the incredible heart-ache this disease causes. But it is possible for people with dementia and their care partners to remain healthy and to live well, if the right care and supports are available to meet their medical and social needs, and that’s the challenge we’re facing today.

As you know, Minister, I am now working on a strategy—a strategy to care for people living with dementia and Alzheimer’s disease. Our team has been working tirelessly for some time to accomplish this task. I recently ended some round tables across the province, close to eight of them, to hear from Ontarians about best practices, challenges and opportunities in dementia care. We heard from people in Mississauga, in Milton, in Ottawa, in Brantford, London, Toronto, Sudbury and Thunder Bay, just to name a few. I also toured medical facilities, research facilities, met one on one with dementia patients and experts, and attended numerous events and conferences related to dementia and Alzheimer’s. We met with experts in the field, front-line health care partners, people living with dementia and their care partners.

We did this because we were trying to find out where the gaps are, where the supports are and how we can



improve things. Our conversations were extensive, knowledgeable, insightful, full of expertise and, at times, very passionate. It was at times humbling to hear people's personal and often heartbreaking stories about living and coping with dementia. It was also uplifting to meet the people who worked tirelessly in our province to help their friends, their neighbours, their loved ones living with dementia to live well. Every one of those stories, conversations and consultations has helped to build our strategy to this point.

We now have a draft strategy, or a white paper, as you are aware. As we push forward, I have a vision as to how this plan will serve the people of Ontario. It's a plan that will ensure that all Ontarians with dementia and Alzheimer's disease, along with their families and care partners, are treated with respect, have access to information that allows them to make the best choices and are living well with dementia, helped by appropriate supports and services, where and when they need it.

It's a plan that will raise awareness to reduce stigma and that will educate people living with dementia and their care partners. It's a plan that will focus on accessibility, on cultural sensitivity and equity of care across the system. It's also a plan that will engage the full spectrum of services and sectors to make it easier to deliver comprehensive and coordinated care for people with dementia. We're going to ensure that there is appropriate system capacity across the full continuum of care. We're going to achieve this goal through evidence-based long-term planning, policy, infrastructure and investment decisions.

1600

Last, but certainly not least, we're going to ensure that our system is accountable and sustainable, because this is a plan that we don't want to just live for this year or the next year and just be a snapshot of what we need today. We really want it to be a living document that will serve the needs of Ontarians and those living with dementia, and their care partners, for years to come. We'll do this through, of course, ongoing evaluation and quality of our services and achievements. As I'm sure you can tell, and you know, this plan is important to me and to our team.

I'm happy to report that we have made great progress in the development of the strategy, and I'm excited about the good work that's being done across our great province to help people living with dementia—and also across the country.

I heard loud and clear that we have a lot more work to do, and I know that we can and we will make a significant difference in the lives of people with dementia, and their care partners. Together, we will make sure Ontarians have the supports they need to live well with dementia. I know this is a commitment from you too.

Minister, I know that developing a comprehensive, forward-looking dementia strategy is important to this government. What more can you tell us about the importance of this strategy and what the government is already doing to support people living with dementia, and those who care for them?

**Hon. Eric Hoskins:** Thank you to the member from Halton for the question but particularly for prefacing the question with her own personal experience. What I believe is so vitally important to the province right now is your leadership on this issue. I know that Ontario and Ontarians are in good hands when it comes to the development of a dementia strategy for this province because of the tremendous leadership that you've demonstrated, the consultations that you've undertaken and the feedback that I've received. You and I have remained close on this issue. I've been briefed, obviously, on the development of the strategy as it has been developing. I'm very proud of the fact that you have worked so hard and so diligently to ensure that you reached as many Ontarians as possible, to hear from them and, importantly, to hear from those who themselves have a form of dementia—perhaps Alzheimer's—and to hear from caregivers as well. It's those stories, and the advice that we can glean as a government from those closest to this important issue—it's that advice which really, I think, more than anything else, helps guide us in the direction where we need to go in developing a strong, robust and meaningful strategy to address this issue. So I want to thank you for that. As you say, developing a dementia strategy for this government and for this province is a very high priority of this government.

I'd like to ask my assistant deputy minister Patrick Dicerni, who is to my left, who is also well suited and knowledgeable about the issue of dementia from a departmental perspective—I'd like to invite him, in the minutes remaining, to better inform the committee on what our government is doing to support those living with dementia.

Patrick?

**The Chair (Ms. Cheri DiNovo):** Would you state your name, please? Thank you.

**Mr. Patrick Dicerni:** My name is Patrick Dicerni. I'm the assistant deputy minister in the Ministry of Health and Long-Term Care, strategy, policy and planning division.

Thank you, Minister, and thank you, Parliamentary Assistant Indira Naidoo-Harris.

I want to supplement the minister's answer and structure my answer into three buckets, where we'll touch on some of the statistics, costs or known burdens to the system that you touched on in your opening, some of the current investments that are contributing to making life easier for those living with dementia, and articulate some of the path forward that you both touched on.

At the Ministry of Health, we're certainly committed to developing a strategy that addresses the needs for Ontarians living with dementia, and especially also those who care for them. We know that the World Health Organization tells us that dementia is one of the leading causes of dependency and disability amongst older adults.

People living with dementia typically have two or more chronic health conditions when compared to seniors without the disease. People living with dementia are

twice as likely to be hospitalized or visit emergency departments for avoidable conditions. They're likely to remain in hospital for longer than necessary while waiting for more suitable care settings to become available, have more prescriptions and need to see doctors more regularly and more often.

For families and friends, caring for someone with dementia can have a significant effect on their personal finances, as well as physical and mental health. As the disease progresses and the demands on the care partners increase, evidence is showing that people caring for someone with dementia provide up to 75% more care hours than other care partners, and one in five care partners reports feeling distress, anger, inability to continue to provide care or continue on with their day-to-day responsibilities.

Care partners may also have their own health problems to deal with, with one quarter of that group living with two or more chronic health conditions themselves that are often aggravated by the demands of their caregiving responsibilities, from a stress and work management perspective.

I've articulated some of those serious challenges and burdens that we all know. But there is a plan to address this, some of which has already been acted on and some of which is evolving—that you are well familiar with. As a big component of the ministry's Patients First strategy, that places persons directly at the centre of care and provides a framework for improving the health care experience and health outcomes for all Ontarians.

An important part of that Patients First strategy is improving access to dementia supports. Many of the initiatives currently under way strengthen that person-centred health care and support for people to live independently. For example, steps are being taken to improve how care is delivered in the home and community sector. This includes ensuring greater consistency in care, a better understanding of the services available and providing more supports for care partners.

In addition, the ministry has proposed changes, which we heard about a little in this morning's session, to expand the mandate of local health integration networks so they're accountable for the planning and performance of primary care and the delivery of home care services within their local areas. These proposed changes aim to create a health system that works efficiently to support patients, including people living with dementia and their care partners.

The ministry has also made some substantial investments over the last couple of years to improve the lives of folks living with dementia. This includes funding for various Alzheimer's societies delivering a range of services to improve treatment; a \$10-million and a \$10.06-million investment, respectively in 2013 and 2014, to long-term-care homes. These investments were focused on improving resident safety, preventing abuse and neglect, and advancing quality of care for residents with responsive behaviours or other specialized care needs.

Beginning in 2016-17, the province will continue to improve the long-term-care home sector by focusing on resident-centred care, responsiveness to responsive behaviours and also looking at ethnocultural needs. To support this, the government will increase its investment in resident care needs by 2% a year over the next three years.

The ministry is providing local health integration networks with annual funding of approximately \$44 million to sustain Behavioural Supports Ontario, which we also touched on a little bit this morning, and staffing capacity to meet the needs of individuals with challenging and complex behaviours, wherever they may be living.

Also beginning in 2016-17, the government is going to be investing an additional \$10 million for additional initiatives to help residents with dementia and other complex behavioural or neurological conditions.

Back in 2013, the Ministry of Health and Long-Term Care, along with the Ministry of Research and Innovation, partnered with the Ontario Brain Institute with up to \$100 million, or \$20 million per year over five years, to sustain and expand the institute's coordination and commercialization support for neurological research.

The Ontario government also supports a program called Finding Your Way. Launched in 2013, this is a partnership with the Alzheimer Society of Ontario. As part of Ontario's Action Plan for Seniors, Finding Your Way is a multicultural program that provides practical advice for people living with dementia to help reduce the risk of going missing, while supporting quick and safe returns should a wandering incident occur.

Just this past March, the minister responsible for seniors' affairs, Mario Sergio, reaffirmed the government's commitment by announcing an additional approximately \$750,000 to help improve training and reach more people who come into contact with persons affected by dementia.

This is a sense of some of the investments or supports the government has already moved forward with, but the ministry is also working to make some improvements in the coming year. It has been a pleasure working directly with you and with my team. That's why the round tables that you hosted—in addition to those, the ministry set up our advisory panel group and the five working groups to provide advice on the development of our dementia strategy. The advisory group and working groups were composed of experts from across disciplines and included people living with dementia and care partners. The five working groups were structured to follow a person's journey through the early stages to the advanced stages of dementia, along with a group that addresses specifically education, prevention, and research and innovation that underpin much of the work that we're doing, going forward.

**1610**

In addition to the advisory group and working groups, we've also established a health director working group. That's an interministerial effort across the many minis-



tries that touch on this population. This ensures, in our view, that the strategy is not being developed in isolation to other important and related initiatives and that a whole-of-government approach is being taken to address the needs that span multiple sectors.

The feedback, input and advice received from round tables and the various working groups are being used to inform the development of the discussion paper that you touched on. As you may know, we had the ability to shop that discussion paper to some of our experts on our working groups and have received very positive feedback, not only from the experts but from some of the folks who have been living with the disease or are providing caregiver supports. They see the draft recommendations as making a tangible and immediate impact to the journey through the disease.

The paper is going to inform the foundation of our public engagement that we hope to be ramping up this spring and in the summer. The public engagement approach will ensure that wide ranges of perspectives are heard, over and above the 200 to 250 voices that we've heard through the round tables that you led. Taking that involvement to a broader group of Ontarians will help augment what we are already contemplating through that strategy.

It aligns with Open Government goals to increase public engagement, engage directly with Ontarians and make sure that decision-makers are hearing directly from the public. By reaching out to Ontarians, we hope to help shape our policies, programs and services and, at the end of the day, affect the lives of people living with dementia in a positive way.

We're going to create a comprehensive and forward-looking dementia strategy. That is the priority of our ministry and certainly what we've been challenged to do by the deputy, the minister and yourself. We look forward to moving forward with strategy development and continuing to work together to develop effective approaches to empower people living with dementia and their care partners to ensure that they're living meaningfully, living well and able to continue to participate in their communities.

**Ms. Indira Naidoo-Harris:** Thank you.

Chair, how much time do I have left?

**The Chair (Ms. Cheri DiNovo):** You've got two minutes.

**Ms. Indira Naidoo-Harris:** Just a further question, then: I'm wondering if you can tell me a little bit more about Behavioural Supports Ontario, the BSO; \$10 million was moved forward on that recently. Much of that, I think, will also assist when it comes to patients with dementia. Can you expand on that a little bit?

**Mr. Patrick Dicerni:** Absolutely, I could. I would not want to speak for my ADM colleagues who are more directly responsible for the BSO program, but as we heard a little bit this morning, this is a program that not only provides supports to those living in our long-term-care homes but beyond the long-term-care home environment and the all-important training of staff within

long-term care so that they can be equipped to better deal with some of the responsive behaviours that we see from residents with dementia who are living with the disease.

Some of the feedback that we've heard, not only through our dementia consultations but through the long-term-care homes operators' association, as well as direct feedback from members of the public, was on the impact and importance of that investment in terms of training staff in an appropriate way to de-escalate situations and, when situations are at a point of any responsive behaviour or violence occurring, that the staff—not only those who are interacting directly with the patient but a team of staff around the patient—know how to de-escalate that situation.

**Ms. Indira Naidoo-Harris:** Much of what I heard when I was talking to stakeholders who are out there and people living with dementia and their care partners—many of the conversations surrounded people who were care partners and the stresses and strains of looking after a loved one who could be challenging at times, and the demands that were placed on these care partners. I understand that—

**The Chair (Ms. Cheri DiNovo):** I'm afraid your time is up at this point. Thank you very much. As practice has it—we've checked with the Clerks—we will now go back to Madame Gélinas for her 20 minutes.

**M<sup>me</sup> France Gélinas:** Thank you for using your time wisely. My first question is—I just wanted to finish on trans people's health, just to make sure. Do we keep track of the time as to how long it takes somebody who wants to be assessed now that we have many, many different assessment points?

**Hon. Eric Hoskins:** Certainly we do, in the context of the CAMH facility. We do that primarily through the wait times, and CAMH has, in the past, reflected what those wait times would translate into with regard to a period of time. But as I mentioned this morning, moving from a single site to potentially hundreds of sites—the ability for an individual to be assessed and, if appropriate, referred for SRS, for surgery, has really transformed the approach.

You had asked as well a question about equity in the north, and I do have some information that I could share with you if you'd like me to. Yes?

**M<sup>me</sup> France Gélinas:** Go ahead. Thank you.

**Hon. Eric Hoskins:** There are hubs across the north, including in Sudbury and Sault Ste. Marie. For example, NorWest Community Health Centres are offering referrals and working to build surgical capacity. There are individual providers as well, like Dr. Sylvain Leduc, who are offering referrals, and there are also trained providers at CSC du Grand Sudbury and at Shkagamik-Kwe—I'm not sure if I—

**M<sup>me</sup> France Gélinas:** Shkagamik-Kwe.

**Hon. Eric Hoskins:** Shkagamik-Kwe.

**M<sup>me</sup> France Gélinas:** You were close.

**Hon. Eric Hoskins:** Thank you. At least I did it half-jestice, perhaps. Rainbow Health, who is the lead agency with regard to training health care professionals, are



continuing to work on increasing capacity. They were on Manitoulin Island, for example, as recently as last week. Rainbow Health services are province-wide, and Rainbow Health is confident that, in their words, “There is full coverage.”

We also have Dr. Blair Voyvodic, based in Renfrew county, who services the entire north, supporting patients who can’t get to a network hub or centre. He sees patients through OTN. Because, as I referenced earlier, of the changes that came into place in March, expansion of services is not limited to the services provided by Rainbow Health themselves. Now any qualified provider in the province, including the north, as I’ve referenced some examples, can issue referrals to the ministry, and not just through CAMH. It’s now provider-centric rather than site-specific.

**M<sup>me</sup> France Gélinas:** That’s very good. Where is a comprehensive list available? If you’re trans people and you live in Gogama, how would you find out where the closest is? Do you guys keep track as to where those services are accessible or available, and if you don’t, who does? How would you connect with Rainbow Health?

**Hon. Eric Hoskins:** Certainly they could connect with Rainbow Health. They can also connect directly with the ministry. I believe we do possess—

*Interjection.*

**Hon. Eric Hoskins:** Through the health services branch, they would be able to—if they required, for example, that sort of information with regard to eligible or trained providers and their locale, that information could be provided either through ourselves or through Rainbow Health, which does the training itself, so they obviously would have a comprehensive list of those who have undergone the training.

**M<sup>me</sup> France Gélinas:** Can I have this comprehensive list shared with me as of today?

*Interjection.*

**Hon. Eric Hoskins:** Yes. The deputy has just said that they’d be happy to look into it.

**M<sup>me</sup> France Gélinas:** Okay. Thank you. That’s finished on the trans.

As I was finishing, I was talking about the Assistive Devices Program. Deputy, you were about to answer my question when our very capable Chair informed us that the time was over, so I will repeat the question. Basically, you told me that there has been an investigation done by a department, which I’m not sure of the name of, within your ministry that looked at collusion between seniors’ residences—and that could be a long-term-care home or a retirement home—and ADP suppliers.

1620

**Dr. Bob Bell:** Do you want me to start, Minister?

**Hon. Dipika Damerla:** Yes, please.

**Dr. Bob Bell:** Great. The verification and testing unit, ADP vendor review process, is what you’re referring to, I think.

Post-payment reviews of ADP vendors are carried out by the verification and testing unit, which is a business

unit of the accounting policy and financial reporting branch in the corporate services division.

The Assistive Devices Program and the verification and testing unit review vendors based on program data analysis, trends, client confirmation, letters and complaints. The role of the VTU is to plan and execute reviews of claims paid to ADP vendors and clients; to work with ADP to ensure due compliance with ADP’s policies and procedures; and to identify inappropriate billings and potential abuse or fraud.

In this function, VTU’s staff, in conjunction with ADP, drafts schedules of reviews to be undertaken during a fiscal year and reviews the plan with ADP. Reviews typically include contacting a random sample of clients across all the device categories over a rolling period; targeted reviews of vendors; review of manufacturers’ invoices, proof of payment and delivery documents to substantiate the purchase and supply of devices and services; make recommendations for improvement of the system of internal controls over vendors—

**M<sup>me</sup> France Gélinas:** Okay. Just to target—you’re going further and further away from my question. Take two: A family comes and talks to me because they’ve become aware that their retirement home directed them to a specific vendor and, after they’ve shopped around a bit, they realize they could have had the same thing at a way better price at another vendor that was not mentioned by the home, but they thought that they had to deal with the providers from the home. Can those people make a direct complaint to the verification and testing unit that you just talked to me about?

**Dr. Bob Bell:** Yes.

**Hon. Dipika Damerla:** Can I just clarify? You’re talking about a retirement home and not a long-term-care home in this particular instance, right?

**M<sup>me</sup> France Gélinas:** It makes no difference; I get complaints from both.

**Hon. Dipika Damerla:** Okay. Did you want to finish?

**Dr. Bob Bell:** Yes. I was coming to that. The accounting policy and financial reporting branch work with ADP to document all the steps and controls in place in ADP’s claims processing payment to ensure funding is available and provided only to those clients who are eligible to receive it, and also to review—if clients are in a particular residential program like retirement homes and long-term care, ADP’s policies specifically state that the program will not enter into or maintain a current vendor agreement with any vendor who has a financial relationship or an exclusive relationship with a long-term-care home if the vendor and the long-term-care home share in any profits made by the vendor’s sale of devices funded by the program.

Additionally, the vendor shall not pay any fee or amount or give any benefit directly or indirectly to a long-term-care home that’s responsible for identifying a resident’s need for a device.

At the same time, long-term-care homes may prefer to establish preferred-vendor agreements in order to minimize the number of external people accessing the home, for reasons such as resident safety and infection control.

Applicants must be given the opportunity to decide on a vendor of their own choosing. Restricting vendors from paying any fee, amount or benefit to the long-term-care home ensures that the applicant or applicant's family is provided the opportunity to decide on his or her own vendor.

**M<sup>me</sup> France Gélinas:** That only applies to long-term-care homes. It does not apply to retirement homes?

**Dr. Bob Bell:** I believe it also applies to retirement homes. Yes, it does.

**M<sup>me</sup> France Gélinas:** It applies to both. They're allowed to select vendors of record, so that they know who's coming into their homes, but there should be more than one. Did I hear that correctly?

**Dr. Bob Bell:** Let me double-check on that. I think that's the case. Yes, it is the case.

**M<sup>me</sup> France Gélinas:** It is the case. So if they have a vendor of record that they recommend to their families, there should be more than one, and they should give a choice.

**Dr. Bob Bell:** Certainly, there can be no collusion payments of any type between the retirement or long-term-care home and the vendor.

**M<sup>me</sup> France Gélinas:** Okay. So if this is not happening right now, can they call the verification—how do people let you know that there's something wrong?

**Hon. Dipika Damerla:** If you're suggesting that there's a long-term-care home that doesn't have more than one vendor of record, I'd like to know. If you feel that the procedures that the deputy has outlined—if for some reason you're of the opinion that they're not being followed, we'd like to know.

In principle, what the deputy was really saying is, there are a lot of checks and balances, primarily because there can be no fiduciary relationship between the vendor and the long-term-care home, essentially.

The second piece is, we reimburse the resident directly, so the resident always has the choice of going with the vendor they want. They always have the choice of shopping around. Then they submit their receipts to us. They submit the original application to us; right?

**M<sup>me</sup> France Gélinas:** I don't want people coming through me to get to you, so the answer is I can direct them to you, if you want. I'm not sure you would like that.

**Hon. Dipika Damerla:** Is there a process? Why don't you come and answer that?

**Dr. Bob Bell:** This is Patricia Li, from our assistive devices program.

**Ms. Patricia Li:** Hi, I'm Patricia Li. We have a hotline for the ADP program which we can certainly provide to you. As well, it's on the website. Patients often call that number to register complaints and ask for general inquiries.

Any complaints to the program, we can use that number, and we will either use the verification unit to do more audits, or we do our own investigation.

**M<sup>me</sup> France Gélinas:** Thank you. All right. I'm moving on. This morning, I had asked about the para-

medics program. I was wondering if that person is available.

**Hon. Eric Hoskins:** She is, and we have the answer, I believe.

**M<sup>me</sup> France Gélinas:** Okay. Do I need to repeat the question, or do you remember?

**Dr. Bob Bell:** No, we have that answer right here, and if it's not sufficient, I'll ask Patricia to comment.

The basic life support patient care standard is the ministry standard, which sets out the minimum mandatory level of care provided by paramedics in Ontario, including the requirements paramedics must follow in terms of conduct, patient assessment, patient management and patient transportation.

In 2014, work began on a full revision—which I think is what you were referring to—to the basic life support patient care standards, to prioritize amendments, led by ministry representatives and the medical director of Sunnybrook base hospital.

This preliminary comprehensive work resulted in a draft, to be circulated for stakeholder review. Broader stakeholder consultation began in October 2015 in the form of a working group consisting of medical and operational experts. Extensive revisions have been made to the standard, to ensure that Ontarians receive the best care from paramedics that is evidence-based.

As of May 31, 2016, the basic life support patient care standard has been fully revised and reviewed by the working group, with all stakeholder feedback resolved. However, due to the fact that it is directly referenced in regulation 257/00, as made under the Ambulance Act, there are additional legal considerations such as alignment with other acts—for example, the Personal Health Information Protection Act—and standards such as the advanced life support patient care standard. As such, it's currently with our legal services branch for final review.

In a December correspondence, the ministry indicated that the basic life support patient care standards would be released in early 2016, which I think you referred to. Due to the substantive content changes and alignment considerations to other provincial standards and legislation, and related complex stakeholder discussions regarding implementation, the release date is now within the next 60 days, likely July 2016. The delayed release will ensure that training, operational and logistical procurement considerations are taken into account for continued patient safety.

*Interjection.*

**Dr. Bob Bell:** I'm told that July 2016 may be a bit further delayed, and that standards are ready to be released in the next few months.

**M<sup>me</sup> France Gélinas:** Very good. Thank you. Can I have assurance that oxygen administration and spinal immobilization are both going to be part of whatever rolls out in July or shortly thereafter?

**Dr. Bob Bell:** Sorry, say that again? I didn't quite catch it.

**M<sup>me</sup> France Gélinas:** That oxygen administration—

**Dr. Bob Bell:** Oxygen administration.



**M<sup>me</sup> France Gélinas:** —and spinal immobilization will both be part—

**Ms. Patricia Li:** Yes.

**M<sup>me</sup> France Gélinas:** To both?

**Ms. Patricia Li:** Yes.

**M<sup>me</sup> France Gélinas:** Very good. Thank you. I'm going into hospital procurement, just so that everybody follows along. First, I would like a copy of all the reports into investigations conducted at St. Mike's, St. Joe's and Markham Stouffville, and if the reports are not ready, just to know when we can expect them to be completed.

1630

There was a report in the *Globe and Mail* this February that talked about such a report, but I was wondering if there was more than just the one report, and if there was more than one, if you could share them.

**Hon. Eric Hoskins:** Could you just remind me of the hospitals again? I apologize.

**M<sup>me</sup> France Gélinas:** St. Mike's, St. Joe's and Markham—

**Hon. Eric Hoskins:** Stouffville.

**M<sup>me</sup> France Gélinas:** Stouffville, yes.

**Hon. Eric Hoskins:** Okay. I can certainly look into that with the ministry.

**M<sup>me</sup> France Gélinas:** Okay. My second, still on hospitals: Can we get the report from Infrastructure Ontario's investigation that you announced last fall into the alleged procurement fraud and possible cover-up—that's what the announcement was—involving a senior procurement official at St. Mike's, and the report by William Braithwaite—I'm not sure how to pronounce his name; B-R-A-I-T-H-W-A-I-T-E—who was your ministry observer at the investigation? And if it is not completed, when do you expect this report to be completed?

**Hon. Eric Hoskins:** I was just conferring on that. That may be a matter more germane to the Ministry of Economic Development and—what is it called these days?

**Interjections:** Economic Development, Employment and Infrastructure.

**M<sup>me</sup> France Gélinas:** Brad Duguid.

**Hon. Eric Hoskins:** That being said, I'll look into that with the ministry as well, to see whether it is something within our purview or whether it would be better addressed through another ministry.

**M<sup>me</sup> France Gélinas:** Okay, because the clippings that talked about this project identified Mr. William Braithwaite as your ministry observer in this investigation at St. Mike's—not infrastructure, but the Ministry of Health and Long-Term Care.

**Hon. Eric Hoskins:** My understanding is that this individual was not in fact employed by our ministry, but rather was employed by Infrastructure Ontario. But I'm happy to have further discussion with the ministry.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have about two minutes left.

**Hon. Eric Hoskins:** Certainly we'll follow up, and I will commit to looking at that with the ministry.

**M<sup>me</sup> France Gélinas:** Okay. Sort of in the same line: According to the sunshine list, Vas Georgiou earned \$429,000 and change from St. Mike's in 2015, up by about \$37,000 from what he earned in in 2014. Of course, he did not work a full year in 2015. Was Mr. Georgiou paid a severance? And what is the status of his wrongful dismissal lawsuit?

**Hon. Eric Hoskins:** The ministry—or at least certainly the deputy and myself—are not familiar with the terms of his departure, but I'd be happy to look into that with the ministry as well.

**M<sup>me</sup> France Gélinas:** Okay. In the same line of thought: What is the status of the lawsuit filed by the Ottawa Hospital in connection to allegations of procurement fraud?

**Dr. Bob Bell:** As far as I know, that's being pursued through the courts. We don't have any recent update as to the suit, either the civil suit brought by the hospital or possible further criminal investigations.

**M<sup>me</sup> France Gélinas:** Is this something that the ministry follows, or is it something that you leave completely in the hands of the hospital?

**Dr. Bob Bell:** Certainly, in terms of the Ottawa Hospital, as you know, the allegations of fraud were discovered through an internal audit process undertaken by the Ottawa Hospital, where potential wrongdoing during procurement was discovered and investigated and a suit was brought by the hospital against contractors who had undertaken the services allegedly inappropriately procured. That suit was brought. We learned about that immediately, when the internal audit discovered potential wrongdoing. There was a complete discussion of what had occurred. We were informed before the employees—

**The Chair (Ms. Cheri DiNovo):** Thank you, Dr. Bell. I'm afraid the time is up now for the third party. Thank you, Madame Gélinas.

We now go to the official opposition. Mr. Yurek.

**Mr. Jeff Yurek:** I guess we'll just go back to my question regarding the Ontario lottery fund's \$107-million reduction for the operation of hospitals. If you could just let me know what went on and what the fund is actually used for. I can't find that anywhere.

**Hon. Eric Hoskins:** Okay. Thank you for raising that question again. As I think you know, revenues generated by OLG are paid directly into the province's Consolidated Revenue Fund, and then allocations to the Ministry of Health and Long-Term Care are made from that Consolidated Revenue Fund itself.

As a reference point, the OLG revenues that are targeted for health care only amount to about 3% of our total budget of \$52 billion, so fluctuations in OLG revenues do not impact health care funding levels or projections. Certainly, the Minister of Finance, I think, would be in a better place to address any inquiries specific to OLG revenues. But for 2015-16, I can say that—I think I can say?

*Interjection.*

**Hon. Eric Hoskins:** It's here in front of me, and I'm going to say it. OLG's revenues for 2015-16 ended up



being higher than what they were projected in budget 2015. As a result, the OLG revenues for 2015-16 set out in budget 2016 are higher. For 2016-17, OLG has projected that revenues will likely return to normal levels. The understanding is that there were factors that took place in 2015-16 with regard to OLG revenues that perhaps were one-off, that they anticipate may not happen in the future. That's why the revenues for 2016-17 seem lower, but really, OLG is just projecting them at what historically have been normally anticipated levels.

All that is to say that we receive our allocation—about 3% of the whole—through the Consolidated Revenue Fund, which is where OLG deposits the revenues that they receive. Any fluctuation in the OLG revenues itself does not impact our revenue or our projections.

**Mr. Jeff Yurek:** I'm just trying to follow your interesting description. So \$100 million less is slated for the operation of the hospitals from the consolidated revenue? Is that what I'm understanding here?

**Hon. Eric Hoskins:** Yes, I think—do you want to help with this?

My understanding is that in the prior year, there was an increase in OLG revenue that led to a reflection in the budget, but perhaps—

**Mr. Mike Weir:** Yes, thanks. Mike Weir. I'm the assistant deputy minister for the corporate services division.

The OLG revenues are part of a multitude of revenues. In fact, if you look at the budget on page 282, you can see a myriad of different revenues that go into the Consolidated Revenue Fund, as the minister has indicated, from which allocations to ministries occur. Those are the sources of the funds.

The exact amount is notional in nature. We don't get, penny for penny, the amount that is listed in the budget table that you indicate, but it does comprise part of the overall allocation to the ministry.

I called the Ministry of Finance this afternoon. This is a Ministry of Finance table—it's not a health table—so they may be in a better position to describe exactly the mechanics of how that works. They do tell me that the revenues are up in 2015-16. There are a couple of reasons for that, and it's probably not my place to say; it's probably better theirs. But because there were some high jackpots last year, that incented more ticket purchases, and because of a milder winter, they say that that incented or resulted in more people going into gaming places, which resulted in higher revenue. They have no way to predict whether or not that's going to occur again, and therefore have projected revenues back to what has been historical.

1640

**Mr. Jeff Yurek:** How much was allocated from that fund to hospitals last year, and how much is budgeted for this year?

**Mr. Mike Weir:** Again, I'd have to say that I can't give you an exact number in terms of what's allocated. These are notional allocations. Our budget is made up of an overall allocation for which these revenues and a whole host of other revenues comprise part of the government's ability to fund ministries.

**Mr. Jeff Yurek:** So you have no idea how much money is coming from OLG into the hospitals? One hundred million is a lot of money not to be able to know where it's going. Considering \$300 million added to hospitals, \$100 million out of hospitals—that's what we're trying to find the answer to.

**Hon. Eric Hoskins:** Again, it represents 3% of our total budget. But I think if there's a year that stands out, it's the prior year, where notionally there was an increased transfer to health, if I understand it correctly, out of the OLG revenue. This year, in terms of the plan and what is reflected in the budget, is actually a return to closer to what historical projections have been.

That being said, if we have some big jackpots again this year and if we have a mild winter, we may actually see that there's an increase in revenue, but my take on it is that they've returned to historical projections, understanding that last year, not this year, was a bit of an aberration.

**Dr. Bob Bell:** But to be clear, there is no change in the allocation to the Ministry of Health. The notional allocation to the health budget from Ontario lottery revenues is in this Ministry of Finance table. The allocation to the Ministry of Health is consistent, no matter what the weather and the jackpot earnings are in 2016-17. The Ministry of Health allocation is as printed in our estimates, not related to the revenue sources that might come from OLG.

**Mr. Jeff Yurek:** Do you have the allocation numbers from years previous that you could share?

**Mr. Mike Weir:** I don't have the allocation to the health budget, but I can tell you that in 2014-15, the interim forecast for OLG revenues was \$2.171 billion, versus the 2015-16 plan at \$2.155 billion.

**Mr. Jeff Yurek:** Can you get me the numbers for operations for hospitals for 2014-15 and 2013-14 so I can see the trend and the little bump that occurred?

**Mr. Mike Weir:** We can ask the Ministry of Finance if they can provide us with that information.

**Mr. Jeff Yurek:** So basically what I'm hearing is that the funding to hospitals is coming from the Consolidated Revenue Fund, and it's just whether or not that money that filled the fund came from lottery or from some other source in the government. Is that basically it?

**Mr. Mike Weir:** That's correct.

**Mr. Jeff Yurek:** I've just got to ask my questions so that I get an answer I can comprehend.

Back to the behavioural supports: When I asked for a breakdown, did you get that, Associate Minister?

**Hon. Dipika Damerla:** Sorry?

**Hon. Eric Hoskins:** The behavioural supports breakdown.

**Mr. Jeff Yurek:** You said maybe 70-30 or 80-20.

**Hon. Dipika Damerla:** As I mentioned this morning, we'll endeavour to get back to you.

**Mr. Jeff Yurek:** You haven't got it yet?

**Hon. Dipika Damerla:** No.

**Mr. Jeff Yurek:** Okay.

If we go to page 57 in my book here, the 2016-17 estimates have salaries and wages at \$2.3 million. The interim actuals were \$4.1 million from last year, whereas the estimates were also \$2.3 million. Are we expecting the actuals to be \$2 million more at the end of this year, or what's happening there? It's kind of a blip.

**Dr. Bob Bell:** I think it's fair to say that since the interim actuals for 2015-16 and the actuals for 2014-15 appear to be about the same, we would expect the actuals for 2016-17 to follow the same course.

**Mr. Jeff Yurek:** So you're saying it will probably be about \$2 million more, then?

**Dr. Bob Bell:** I think so, looking at the historical trend—yes.

**Mr. Jeff Yurek:** Okay. So there has been no staffing change? You're lowballing the estimates?

**Dr. Bob Bell:** We're not lowballing the estimates, but we are overexpending the estimates; you're absolutely right.

**Mr. Mike Weir:** Again, there's a bit of a technical nuance to your question here in that this is for the main office, which supports the salaries of primarily political staff. Once the number of staff and the salaries are confirmed by Cabinet Office, we will get a chargeback for that amount which will bring it up to the actual number that the deputy has described. We just don't have it yet. That number will be an end-year adjustment.

**Mr. Jeff Yurek:** Okay.

**Mr. Mike Weir:** But as the deputy describes, we can count on that being very close to what the actual was last year.

**Mr. Jeff Yurek:** Would that be the same answer to why the services have the blip as well, the \$400,000 difference?

**Mr. Mike Weir:** Yes.

**Mr. Jeff Yurek:** Okay.

On page 76, the 2015-16 estimates for the ministry administration program audit services were \$1.8 million, but the interim actuals were \$3.1 million. Can you explain the difference of \$1.2 million?

**Hon. Eric Hoskins:** Mike, we're probably going to need you back up here.

**Dr. Bob Bell:** This is the Ontario Review Board you're referring to, Mr. Yurek?

**Mr. Jeff Yurek:** Yes.

**Hon. Eric Hoskins:** Sorry, the line that you were referring to was—

**Mr. Jeff Yurek:** Administration program audit services. Is that on there?

**Hon. Eric Hoskins:** No. This is page 76?

**Dr. Bob Bell:** Pages 75 and 76 cover the administrative expenses of the Ontario Review Board, looking at the status of accused people found unfit to stand trial or not criminally responsible.

**Mr. Jeff Yurek:** Maybe I've got the wrong page here. Go ahead.

**Dr. Bob Bell:** Again, that probably has a degree of variability based on the cases reviewed during the year, if I'm not mistaken, Mr. Weir, in that there would be a

degree of variability based on the work that this review board undertakes.

**Mr. Mike Weir:** Yes, that's correct as it applies to the Ontario Review Board. But Mr. Yurek, I believe your question—at least what I thought I heard—was with respect to internal audit.

**Mr. Jeff Yurek:** Program audits.

**Dr. Bob Bell:** Sorry, which page?

**Hon. Eric Hoskins:** Page 74.

**Mr. Jeff Yurek:** Page 74? Perfect.

**Dr. Bob Bell:** Yes, audit expenses are page 74.

**Mr. Jeff Yurek:** Yes, that's it. That guy should work in my office.

**Mr. Mike Weir:** The internal audit staff are actually staff of the Treasury Board Secretariat, so every year, when we develop an audit plan, they then build a resource plan around that. If you look at the 2014-15 actuals, again, it's a similar answer to the one I gave you the last time versus the interim actuals of 2015-16. Once our audit plan is complete, we will have a better understanding of what the forecast will be for 2016-17. It will be very close to what the actuals are.

1650

**Mr. Jeff Yurek:** Okay. Thank you.

Just dealing with hospital benefits, hospital employees lose their benefits when they turn 70: Is that true? It's what we've been hearing from—

**Dr. Bob Bell:** I thought it was 65.

**Hon. Eric Hoskins:** We'll have to discuss that with ministry officials.

**Mr. Jeff Yurek:** Okay. You'll get back to me on that.

Dealing with the Ministry of Health, while you find that number for me: Can you give me the total cost of the upper level of Ministry of Health—the deputy, associate deputy and assistant deputy level positions? Can you give me the total cost of what that's costing the system, the expense? So staff and benefits, etc.

**Dr. Bob Bell:** We can look into that. We don't have that number here.

**Mr. Jeff Yurek:** You'll look into that for me? Okay. How many ADMs do we have now?

**Dr. Bob Bell:** Is anybody not here? Let me just count them.

*Laughter.*

**Mr. Jeff Yurek:** Stand up.

**Dr. Bob Bell:** It's 16.

**Mr. Jeff Yurek:** Okay. Just refer me again to the cost of running the LHINs. Was it \$90 million, or is it more?

**Dr. Bob Bell:** Roughly in the right ballpark.

**Hon. Eric Hoskins:** Yes.

**Dr. Bob Bell:** The estimate for 2016-17 is \$92 million.

**Mr. Jeff Yurek:** The per cent increases in hospital budgets outside of the last four years of being frozen, from 2008 to 2012: If we're able to get a chart showing the increases in hospital budgets—

**Dr. Bob Bell:** Total hospital budgets?



**Mr. Jeff Yurek:** Total would be great, if you're able to do that, and also at the same time, the total given to CCACs during that time.

**Dr. Bob Bell:** During that time? Sorry, what were the years again, Mr. Yurek?

**Mr. Jeff Yurek:** From 2008 to 2012 would be great.

**The Chair (Ms. Cheri DiNovo):** Mr. Yurek, you have about two minutes left.

**Mr. Jeff Yurek:** Two minutes?

**The Chair (Ms. Cheri DiNovo):** Two minutes and a bit.

**Mr. Jeff Yurek:** The health innovation funding: Is that a new funding that is recent? How many projects have received funding as of yet?

**Hon. Eric Hoskins:** Pardon me?

**Mr. Jeff Yurek:** With the health innovation funding, how many projects have been funded?

**Hon. Eric Hoskins:** How many projects? It's a relatively new fund that was implemented last year. Bob, go ahead.

**Dr. Bob Bell:** Just double-checking.

**Hon. Eric Hoskins:** We're just double-checking in terms of the numbers that have been funded thus far. This is associated with Bill Chametski, who's the new health innovation strategist.

**Mr. Jeff Yurek:** Right.

**Dr. Bob Bell:** Please let us look into that, if we may.

**Mr. Jeff Yurek:** And if you get me the costs associated with the program, as well.

**Dr. Bob Bell:** The total allocation to that program over a period of three years is \$20 million.

**Mr. Jeff Yurek:** It's \$20 million?

**Interjection:** Over four years.

**Dr. Bob Bell:** It's \$20 million over four years. Of course, this is designed to stimulate innovation in the health procurement sector, as well as supporting Ontario enterprises and contributing to economic development and employment by stimulating innovation in service provision and in device development here in the province, as well as encouraging international companies to undertake testing of new technologies in the Ontario health environment, providing jobs to clinical trial organizations, nurses, which is both good for Ontario patients, getting access to new technologies earlier, and also providing great jobs to the staff who provide clinical trial testing within the province.

**Mr. Jeff Yurek:** The \$20 million is to run more than just the projects; it's also running the staffing to generate the—

**Hon. Eric Hoskins:** If you'll allow me: The creation of the Office of the Chief Health Innovation Strategist itself as well is, I would say, probably the next priority recommendation that came from the Ontario Health Innovation Council, which was a council primarily of private sector leaders together with government and other individuals. They came up with a number of recommendations as a result of about a year of study of this issue, of how we could do better as a government and across government on health innovation and adopting technolo-

gies within the province and promoting their use outside of the province. The creation of that office was their number one recommendation—

**The Chair (Ms. Cheri DiNovo):** Minister, if you could just wrap up that sentence, your time is up.

**Hon. Eric Hoskins:** I think the second most important recommendation was in fact the creation of this fund to further spur innovation and allow for its adoption.

**The Chair (Ms. Cheri DiNovo):** We now move to the third party. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you, Chair. Actually, I would ask a question of you, if you don't mind. We've all received a copy of a document, dated May 20, which is called "Estimates Committee Hearings, Ministry of Health and Long-Term Care," and it's a list of outstanding questions. Are there any timelines, within the standing orders or otherwise, for those questions to be answered?

**The Chair (Ms. Cheri DiNovo):** It's entirely optional for the government to commit or not to commit to answer your questions in estimates. There's no standing order regarding timelines.

**M<sup>me</sup> France Gélinas:** All right.

I will turn to you, then. Is there a commitment to answer the outstanding questions as put together by our researcher on May 20?

**Hon. Eric Hoskins:** We'll certainly see what we can do for you.

**M<sup>me</sup> France Gélinas:** Sounds good. Thank you.

Again, Deputy, you were in mid-flight, explaining to me the allegations of procurement fraud at Ottawa Hospital and the relationship between what had happened at the hospital and to the ministry. I didn't know if you wanted to finish that.

**Dr. Bob Bell:** I think I had finished. As I mentioned, this was an allegation of fraud that was discovered by the hospital through its internal audit processes, immediately disclosed to the ministry—as well as the subsequent action undertaken with respect to its employees and also the action brought against the contractors who had provided services that were thought to be improperly procured. So we knew about that every step along the way.

**M<sup>me</sup> France Gélinas:** Drilling down on this, they are going through a court process. Hospitals don't usually have the resources to take on elaborate court challenges of their own. If they get sued, they have protection, but when they initiate court proceedings, where does the money come from for them to be able to bring this to court?

**Dr. Bob Bell:** My understanding of the case brought against the contractors is it is actually supported—and we'll find out if this is the case for sure—by the Health-care Insurance Reciprocal of Canada, since there is an opportunity to recover funds that were expended based on potentially inappropriate procurement. I believe those civil suits are being supported by HIROC.

**M<sup>me</sup> France Gélinas:** To another hospital: In the Mackenzie Vaughan redevelopment project, why did Vaughan feel dropped out, and what do you do when a

hospital that is under the P3 procurement process only ends up with two bidders rather than three? Has this happened before? Do you let it go forward? What happens?

**Dr. Bob Bell:** We've had reliance on Infrastructure Ontario to undertake procurement of the major hospital capital projects, including the one that you're describing. In terms of why a proponent would drop out of the procurement process, I can't comment on that. I don't have information with respect to that. Our health capital branch has regular discussions with Infrastructure Ontario regarding the process and procurement. We were assured by IO that the two proponents bidding on Mackenzie Vaughan provided an adequate process, an appropriate process. They thought that this was an appropriate procurement.

1700

**M<sup>me</sup> France Gélinas:** Okay. I'm changing areas completely and talking about physicians and physician recruitment. We have a return-of-service process which is a part of a package of government initiatives designed to attract and retain physicians in communities across Ontario, including the communities that I represent. Within this, you have the ministry fund for re-entry training positions, in exchange for a commitment for returns of service on a full-time basis for two years in any Ontario community.

I'm assuming that somebody in here is knowledgeable about this. You are required to return service in the specialty area in which you will be trained in the re-entry program. How can I find out, first, how many physicians took part in this program in the years since the new government initiative started, and how many of those who did enter this program actually completed their two years in a community?

Then, the most important questions in my lineup of questions are: What happened to those physicians who did not complete their commitment? Do we get our money back? How much money did we get back?

**Dr. Bob Bell:** So we don't have exactly the numbers. Maybe I can ask Assistant Deputy Minister Denise Cole to respond to what happens if return of service is not achieved.

**M<sup>me</sup> France Gélinas:** Okay.

**Ms. Denise Cole:** Good afternoon—

**The Chair (Ms. Cheri DiNovo):** Could you state your name, please?

**Ms. Denise Cole:** Yes, I will. I'm Denise Cole.

**The Chair (Ms. Cheri DiNovo):** And thank you for moving the chair around. It is traditional to sit there. Thank you.

**Ms. Denise Cole:** I'm Denise Cole. I'm the assistant deputy minister in the Ministry of Health for the health workforce planning and regulatory affairs division. Part of my basket of responsibilities is the funding of clinical education, and the Return of Service Agreement falls within my portfolio.

I don't have the exact number for the participants since the inception of the program, but we will get that to you.

With regard to the participants who signed the agreements, it is for the international medical graduates, and it is a commitment that they make, that we will provide the financial support, them with the commitment that they will go to an underserved area. The areas are determined by the rural index.

There is an option in the program that if, due to labour market conditions, the participant cannot find a job in that area, their payment can be waived for a period of time.

Those who do not pay back: We do go after them for the money. Either we go after them ourselves or we use the services of a collections agency to have the debt repaid.

**M<sup>me</sup> France Gélinas:** Looking at the estimates, I realize that it would be a small amount, and most of the amounts in there start in the millions. If I wanted to find out how much money we ever recovered from physicians who did not complete their commitment, is there a way to drill that down anywhere?

**Ms. Denise Cole:** Not in the estimates document. We would have to pull the numbers through the HealthForce-Ontario Marketing and Recruitment Agency, because they do have a role to play in the Return of Service Agreement, and also within my division.

**M<sup>me</sup> France Gélinas:** In your knowledge of doing this work, are you aware of your ministry ever going after repayments from physicians who did not complete their commitment?

**Ms. Denise Cole:** Oh, absolutely.

**M<sup>me</sup> France Gélinas:** You are?

**Ms. Denise Cole:** Oh, yes. We are quite dogged in our pursuits of making sure that the physicians are living up to the obligation and, if they don't, we do recover it.

**M<sup>me</sup> France Gélinas:** Does this happen every year?

**Ms. Denise Cole:** Oh, yes. I have a staff person within my division, and all that they do is keeping track of the agreements and the status of the agreements. There is an obligation for reporting and it's done on an annual basis.

**M<sup>me</sup> France Gélinas:** I appreciate your willingness to try to find those numbers for me. That would be helpful. If you can also find the money recovered, that would also be helpful. Thank you.

**Ms. Denise Cole:** And the dates you had asked for, again?

**M<sup>me</sup> France Gélinas:** Well, it was sort of a new package that the government put together from the time it started—

**Ms. Denise Cole:** From inception?

**M<sup>me</sup> France Gélinas:** Yes.

**Ms. Denise Cole:** Okay.

**M<sup>me</sup> France Gélinas:** Thank you. My next question has to do with small and rural hospitals. Minister, I had opportunities in the House to ask questions, and you answered me on a number of occasions where you talked about the Small and Rural Hospital Transformation Fund and the dedication fund of \$20 million annually that goes to small and rural hospitals. I know about this fund and so do you, and all is good.



This is the conversation we are having here, but when I talk to our small hospitals in northeastern Ontario, they're being told that they should wrap up the plans for this fund, that it is coming to an end. When they ask about a multi-year horizon for a project, they are told that the fund will continue for one more year but no commitment to anything beyond that, which is in sharp contrast from how you answered me in the House.

**Dr. Bob Bell:** Could we ask Associate Deputy Minister Nancy Naylor to come in on this, please?

**M<sup>me</sup> France Gélinas:** Maybe I'll make my question even sharper: Is this fund going to be permanent?

**Ms. Nancy Naylor:** My name is Nancy Naylor. I'm an associate deputy with the Ministry of Health. This funding is permanent. It's a permanent part of our hospital funding model and it is focused on small and rural hospitals, and small and rural sites of multi-site hospitals.

For the last three years, we have allocated it through LHINs to the eligible hospitals for projects that support these hospitals and their sustainability, patient care and other goals that are supportable by the advisers we have from the hospital sector and the LHIN. It has supported things like new IT systems, new quality systems, patient safety and those types of projects. In some cases, they have been used for proof-of-concept projects for things that hospitals have grouped up on. It is a permanent part of the model. That allocation has gone out on the same terms this year as it has in other years.

We are discussing with OHA and their membership that this year we have a particular focus on small hospitals. We're asking for their advice about what the best use of those projects is. Some of the hospitals have felt that they've done a lot of good projects on a one-time basis, and they'd like to discuss what other uses of that funding might be useful for them and their patients.

**M<sup>me</sup> France Gélinas:** Okay. So what the minister had said on record is true: The fund will be permanent. So far, of the hospitals that have benefited from that fund, were they ever allowed to have more than one-year funding, as in if you had a transformation project that qualified for the fund, but it would require \$5,000 this year and \$15,000 next year in order for the transformation projects to be completed? Was that ever allowed, or was it always a one-year project?

1710

**Hon. Eric Hoskins:** This is one-time funding. In that sense, it's project-based funding; however, that doesn't preclude a small, rural hospital for applying multiple times over multiple years for different projects that will be assessed based on the merits of that project. This is really an important fund made available to these specific small, rural hospitals as well, but it's important to emphasize that it's intended to be one-time funding and not recurrent or operational in any sense.

**M<sup>me</sup> France Gélinas:** I agree with what you've said. I guess my question is, can the one-time funding stretch over more than one fiscal year or is it one-time funding that has to be within the 12 months of the fiscal year?

**Hon. Eric Hoskins:** If you're saying a project, for example, undertaken by an individual hospital extends

over two fiscal years, can they draw on the allocated funds over those two fiscal years? I think that there are a number of examples that have done precisely that.

**M<sup>me</sup> France Gélinas:** Okay. So what is your best guess as to why the North East LHIN basically thinks that all of the projects need to wrap up this year?

**Hon. Eric Hoskins:** If I'm correct from what Nancy has said, that there are demonstrated opportunities where small or rural hospitals have received project-focused funding, and they have expended that funding over the course of more than one fiscal year—

**Ms. Nancy Naylor:** Yes. There are occasionally projects that LHINs approve that might take two years to accomplish. I'm not familiar with the guidance that the North East LHIN might have provided but we do caution hospitals not to bring it into their base funding or use it as, say, a deficit-avoidance technique. It is meant for turn-the-corner projects, or projects that really create capacity in the hospitals to be sustainable and offer high-quality patient care.

**M<sup>me</sup> France Gélinas:** So I can go back to my community and say, "Yes, the deputy and the minister assured me that this is ongoing funding." How this funding is available has stayed the same but you are looking at it, and it could change in the future. But the amount of money is there and will continue to be there for northern, rural and small hospital sites.

**Hon. Eric Hoskins:** Yes, I think with a couple of provisos, as was referenced.

We're consulting currently with the Ontario Hospital Association to look at the program. I think we're in the fourth year of the program. It's prudent for us to reflect upon it and engage our stakeholders, including the OHA, to see how it might be further strengthened to be even more impactful. Then, like any allocation, it's subject to budget approval year to year. But we have certainly seen and understand the tremendous benefit of this program to these specific hospitals.

**M<sup>me</sup> France Gélinas:** Okay. Thank you.

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have just over two minutes left.

**M<sup>me</sup> France Gélinas:** In my last two minutes, I will talk about take-home cancer drugs. I know, Minister, that you have been taking the lead on pharmacare and have been very active on this file at the country-wide level, as well as in our province. Has your ministry ever costed out how much take-home cancer drugs would cost if they were to be covered within pharmacare? And are those estimates something you could share?

They've abandoned you, but I'm sure—

**Hon. Eric Hoskins:** They've abandoned me, but I'm sure if I speak slowly and deliberately, by the time I'm finished this rather long sentence, before your two minutes are up—Deputy, are we conferring on this?

**Dr. Bob Bell:** We're just coming back to you with a number, Minister.

**Hon. Eric Hoskins:** All right. I apologize for the fact that these aren't necessarily figures that we would have close at hand.

**M<sup>me</sup> France Gélinas:** Is this something that you are looking at, that if we are to roll out pharmacare, we would start with take-home cancer drugs and then build on, I don't know, drugs for people with arthritis, and then build up other disease-specific categories of drugs? Is this something that has been looked at?

**Hon. Eric Hoskins:** Certainly, when I've spoken about pharmacare, I've talked about it in the context of accessibility and health equity, as well.

To ensure that those individuals in the first instance, who are unable for reasons of income or those circumstances to get access to the sorts of drugs that you're referencing—that should really be the starting point, the fact that at least one out of every 10 families, and some suggest it could be as high as three out of 10, are unable to get such access because of economic circumstances. Certainly, in the conversations that I've had as well, across this country and particularly in Ontario, when I consult with individuals and families, that issue of equity and access is probably of paramount importance.

He might have the figure—

**M<sup>me</sup> France Gélinas:** I think he has a number for me.

**Hon. Eric Hoskins:** The estimate is that it would be probably in the order of just over \$300 million.

**M<sup>me</sup> France Gélinas:** And that would be to cover taking—

**Hon. Eric Hoskins:** Oral chemotherapy drugs.

**M<sup>me</sup> France Gélinas:** Oral chemotherapy, at home?

**The Chair (Ms. Cheri DiNovo):** And with that, I'm afraid your time is up, Madame Gélinas.

We now move to the government side for 20 minutes: Ms. Naidoo-Harris.

**Ms. Indira Naidoo-Harris:** My question is for the Minister of Long-Term Care, Minister Damerla.

Minister, during my university years, especially the first two years, I had the opportunity, as most young people do, to have summer jobs. I lived in a small town in Alberta at the time, and the main facility there was an auxiliary home and also a long-term-care facility. During my first two years at university, at the age of about 17, I was actually spending time, in two summers, going back every year and working at the local auxiliary hospital and long-term-care facility.

My experiences there were very interesting. I worked with seniors and saw first-hand, of course, the demands and challenges of the job. I became very aware of and sensitive to the fact that taking proper care of our seniors can be complicated and, of course, hard work. It was also clear to me that seniors often require vigilance—constant vigilance—in order to make sure that they are okay and that they are being well taken care of.

Our seniors, who are usually our parents and our loved ones, are also often vulnerable as they age, as I know you're aware, and I am too. So it is increasingly important that, as people age, we are vigilant in ensuring that we're looking after them properly, that they are okay and that they are safe, because they often lose the ability to communicate properly and they can't always help them-

selves, when they have had a fall or they're in a situation, to get up.

At that time, I learned early on that it's important to ensure that our long-term-care residents get quality care. I know that the safety of our long-term-care residents is incredibly important to you and important for Ontario families. We all know, and want to know, that our loved ones are being properly taken care of and living in safe, comfortable conditions.

I know that the Long-Term Care Homes Act sets important requirements for long-term-care homes with respect to LTC residents' rights and protections, and service requirements, accountabilities and system management. I think most Ontarians have confidence in these standards but may have more concern about the government's ability to consistently enforce them. That's why it's fundamental, I think, that the government carries out proper inspections of our long-term-care homes.

Minister, can you please provide this committee with information on just how exactly the ministry inspects long-term-care homes and the different types of inspections that occur?

**Hon. Dipika Damerla:** Thank you, PA Naidoo-Harris. I really appreciate your sharing the fact that you actually spent some time, as a student, working in both a hospital and long-term-care homes. The one thing I know is that a lot has changed since then, here in Ontario.

One of the things that is the founding principle of the Long-Term Care Homes Act is that the long-term-care facility is the resident's home. If it is somebody's home, they ought to feel safe, and they ought to be treated with dignity. So that is the holistic principle around which the entire act is predicated, which is that the long-term-care home is indeed somebody's home. As you very correctly pointed out, the inspection system is a key part of ensuring that our long-term-care residents are safe.

1720

But before we get to inspections, I do want to say one thing, which is that one of the greatest privileges in the past two years has been the fact that I've visited so many long-term-care homes across Ontario, and the one thing that I've been so impressed with is the dedication of the front-line staff. I've said this before. We can't legislate that feeling of, "I need to look after this person with dignity." We can legislate this and we can legislate that, and you have to do this and you don't have to do that, but that human interaction can't be legislated. That human interaction comes from leadership within the sector, as well as us as a province valuing the work of the front-line people in long-term-care homes and across the health care sector. I think that the Premier has shown great leadership when it comes to that.

That's a really critical part. If we want our long-term-care residents to feel safe, then the people around them who provide that care—that we value them, that they're well trained and that they have the resources they need to do their work—we really appreciate that.

Coming to inspections, I do have to say that we are probably one of the few provinces across Canada that has



such a robust inspection system. You asked me about the types of inspections, and I'm going to ask my ADM at some point to join me to give you a real detailed breakdown, but I would say that primarily, one of the really important things about Ontario's inspection system is the fact that we have mandatory inspections.

We have inspections that are reactionary. Somebody—it could be the home, it could be a resident or it could be a family member of the resident—might call in to the hotline and make a complaint, and then that would trigger an inspection. But on top of that, we also do mandatory unannounced inspections. That is really a key part of our quality control, because they are unannounced and they're mandatory; what that means is that every single home gets at least one inspection from the province.

One of the things that I do say often which is really important—I want the committee to understand this—is that being able to do these mandatory inspections has had so many benefits, including the amount of data we can collect. It has also taught us what the good homes do really well. That has been a key learning, because to know what it is that our good homes do well—when we go into an inspection we are able to learn that and then use all of that learning. So the mandatory inspection is just such a key, fundamental part of our inspection process, and we are very proud of it.

I want to thank my team. This is our third year, so we are well into the process. We've done two full years of mandatory inspections. This will be our third year of mandatory inspections. I can just tell you that the ministry has done a great job of doing all that we need to scale up and have the capacity to do these inspections.

Now I'm going to turn it over to ADM Nancy Lytle, because she will have more to add on this.

**Ms. Nancy Lytle:** Thank you, Minister Damerla, and thank you, Madam Chair, for the opportunity to be here this afternoon. As indicated, my name—

**The Chair (Ms. Cheri DiNovo):** Could you—oh, sorry. Go ahead.

**Ms. Nancy Lytle:** My name is Nancy Lytle. I'm with the Ministry of Health and Long-Term Care and I'm the assistant deputy minister for long-term care. In that purview, falling under my division, is the long-term-care quality inspection branch. I'm pleased to share a bit of detail with committee members today about what that program does to ensure the rights of residents living in long-term care, and also to protect them in their vulnerable circumstances.

You've heard both ministers and a number of my colleagues reference that approximately 78,000 residents live in long-term care, and they live in approximately 630 homes. We really are, as a ministry and as a government, very committed to ensuring that those residents' rights, safety and quality of life are protected and promoted. That, in fact, is why the Long-Term Care Homes Act was implemented.

If I could spend a couple of moments referencing the Long-Term Care Homes Act and its regulation and its

proclamation in July 2010 as a flagship piece of legislation that really is the main legislative authority for safeguarding those residents' rights, as I referenced, and improving the quality of life for those residents, and also holding the accountability for long-term-care homes in providing services and care and treatment to those over 78,000 residents. The act sets out the ministry's most important requirements with respect to long-term-care residents' rights and protections, establishing service requirements, accountability system management, as well as setting those expectations for inspection and compliance. The regulation provides the details necessary to carry out the act. That is why from an inspection perspective we're continuously improving, as part of that comprehensive inspection program, both the implementation and the delivery of those inspection services.

It's interesting because the act was proclaimed almost six years ago, so we've done a considerable amount of work in operationalizing and implementing those inspection services. It is important to note that we do hold, as does the act, the long-term-care home operators accountable by ensuring their compliance with legislation and with the legislation that governs their homes.

You would have heard the minister reference a commitment to a mandatory or an annual inspection process. Those are called resident quality inspections. The government made a commitment to having those implemented annually in every home in Ontario in 2013. That's ensuring, in essence, that every home has not just a follow-up critical incident or complaint inspection but that comprehensive inspection. The commitment was that by the end of 2014, every home would be inspected and every home thereafter—and I'm happy to say that for the second consecutive year, we have done those inspections in each and every long-term-care home, and we're now cycling into, again, as the minister referenced, the third year of that inspection process.

Why a resident quality inspection, and a bit about what a resident quality inspection is: Resident quality inspections are conducted using a fairly prescribed methodology. The methodology itself was derived from a US-based quality indicator survey system. When we looked at, as part of implementing the act, what tools were available to Ontario for consideration for implementation, the quality inspection information system was one of those systems. At that point, it was about 85% compliant with the legislative expectations under our act, so it was very easily adaptable for application in Ontario. What was unique to that system, and remains unique to the Ontario system, as the minister also referenced, is that it does focus on resident quality and on their care during their residency in a long-term-care home. Inspectors complete these in-depth inspections and focus on areas of identified risk. In addition, there's software that accompanies the application of these tools so that they can capture information during the inspection process, and that helps them produce their inspection reports which, as the minister would have referenced, not only informs us about the resident quality inspection and the performance

of the home, but we can roll up and take a bit of a systemic view into the system once we've completed all of the inspections in every home.

The interesting application of the resident quality inspection is that it begins with a series of residents, with residents, which is really key and critical to that quality of life that I've referenced throughout my remarks today. It also considers input from families and direct observations in the home about how care is being delivered and a thorough review of plans of care and records in the home to match up all of the information and data they're collecting. Accompanying the software, the methodology, there's also a series of protocols. There are 33 protocols that are used to develop the lines of inquiry, again, as I referenced, on a risk-based approach. They really do guide and focus on care services and operations and they guide the inspectors to support consistency of application, because it's important from a program perspective and quality of inspection, quite frankly, that we're using those standardized tools and consistent methodologies in applying the inspections. As referenced, those inspections focused on the needs of the residents. They follow that consistent methodology and provide a robust, end-to-end perspective of a home and its operations.

1730

We have other forms of inspections that I've referenced as well: complaint inspections, critical incident inspections and follow-up inspections. They follow the same principles of those comprehensive inspections, but they are, as you might intuit from the title of the inspections themselves, much more either incident-driven, complaint-based or critical incident reported. It's also really important, from our perspective, to note that the legislation requires that regardless of the kind of inspection that we're conducting, all of our inspections are unannounced. So when we arrive at any home, it is without any advance notice or warning to that home.

The inspection program also, during that transition period and up to today's application of the program, has moved from a paper-based system to a manual, fully automated system. While we were growing the program, conducting all of our inspections and building the ship, if you will, we were also transitioning on every aspect of the program level.

We also, as you can appreciate, leading up to the introduction of the act, did a great deal of outreach with the sector in training them and in sharing methodologies with them, so that, again, homes are fully informed before we arrive about what it is, particularly during those residence quality inspections, that we're going to be looking for.

We also focused some in-depth training services for both our inspectors and leadership team as well. I think, again, you can appreciate around the table that to introduce that quantum of change, it took a great deal of training and focus to do so.

A key component to the program also includes transparency. As I like to say, on any given day in Ontario

there are probably about 15,000 of our inspection reports online and available for public viewing. That's really important because it's the inspector's role to ensure that all homes are compliant with the act. The inspectors are given specific legislative authority to perform those duties. Part of those duties includes the completion of an inspection report, which is eventually posted online. You can appreciate, I'm sure, that for the public version of the report, any personal health information is removed from it so that there is not any ability to identify the resident who is being inspected.

It's also important, when you think about the whole end-to-end quality of resident care, that those inspection reports are also shared with family councils and resident councils. It's a nice completion of that transparency that gives full access to all those impacted to the information that they need.

In circumstances where homes aren't compliant or there are some issues identified through any manner of those inspection reports, inspectors are empowered to find what we call non-compliances. The inspectors are also given authority under the act to decide what action, or sanction, to take with respect to the home. But the legislation sets out three key factors that determine what course of action the inspector will take: the severity of the non-compliance found, the scope of the non-compliance and the compliance history. In other words, you're putting it in the context of the home's overall performance and the severity of the instances. A good example of that would be how many residents were impacted and what were the repercussions of whatever it is we're inspecting.

I'm noting that we're running to the end of the time, so before I leave, I want to provide what I think are some great stats about what we've found and the number of inspections that we've conducted throughout the program. In 2015 alone, we conducted 2,459 inspections. Those included 800 complaint inspections and about 644 critical incidents, and there were about 360 follow-up inspections.

There is also a numbers story behind those numbers, because you can appreciate, with the volume of inspection that we do, that prioritization for inspections happens on a daily basis. It's not uncommon for us to roll a number of what we would call "intakes" into those inspection numbers, so with each one of those 2,459 inspections, we conducted about 5,300 intakes.

The good news is that with two years of resident quality inspections under our belt, we can also see some improvements in home performances themselves. In our previous year, in 2015, there was a total of 12 homes with no written notifications or any orders during the resident quality inspection cycle—

**The Chair (Ms. Cheri DiNovo):** I'm afraid, Assistant Deputy Minister, that your time is up. Thank you.

We now move to the official opposition. Mr. Yurek.

**Mr. Jeff Yurek:** I just want to follow up from the third party's question on take-home cancer drugs. It's \$300 million that you figure it would cost for oral chemo



drugs to come home. Is there a plan to implement this soon, or are we waiting till we have pharmacare across the country to get to that point?

**Hon. Eric Hoskins:** As was committed to in the budget, the government has indicated that I will shortly be releasing a discussion paper specific to the various drug programs that the province administers—there are six different programs; you're familiar with Trillium, for example, and others—to really begin that conversation with Ontarians with regard to issues like the ones you've raised in terms of accessibility, the breadth of drugs that are and might be made available, issues of access, asking the question about consistency between the different programs, I think, like we did with Healthy Smiles, where we had six different programs benefiting children with regard to dental care and we merged them into one; asking the question of whether Ontarians would be better served if we looked at the delivery of the programs in a different way.

That discussion paper will provide us with the opportunity, including addressing, or at least inviting, the discussion on pharmacare on well—that discussion paper will provide the government and Ontarians, really, with the opportunity, over the course of a number of months, to have that fulsome discussion to address or at least to examine issues of sustainability, and to look at the progress made through the pan-Canadian Pharmaceutical Alliance, which Ontario holds office for.

I would suggest that that discussion paper, which should be released shortly, will provide the opportunity for the discussion, I think, that you've alluded to, with regard to that particular class of drugs.

**Mr. Jeff Yurek:** That starts the discussion, but I think I recall that in the budget, it was in 2019 that you would actually make any changes to the program. So for take-home cancer drugs, we'll have to wait till at least 2019—or do we have something in to get this moving a little quicker?

**Hon. Eric Hoskins:** Well, as we're making decisions with regard to medications and drugs week by week, it is a dynamic process. With regard to the inclusion of new drugs—the two hepatitis drugs for hep C, for example, which are close to, if not virtually, a cure, and the decision that was taken nationally that Ontario has subsequently adopted to bring those two drugs, which cost the government last year, I believe, approximately \$300 million—the discussion paper and the timeline to look at a transformed drug delivery program through the government, which was referenced in the budget, obviously does not preclude other refinements and changes that might be made in the interim period.

**Mr. Jeff Yurek:** With regard to the methadone program—the drug version of it, not the drug testing or counselling that should go along with it—how much was spent or paid for through pharmacies and clinics for the methadone program last year? And is there an upward trend going on in Ontario?

1740

**Hon. Eric Hoskins:** I don't know if anybody behind us will have access to that information. That's something

I can look at with the ministry, both with regard to the absolute figure and the trend.

**Mr. Jeff Yurek:** Okay. Has the ministry undertaken any reviews of the methadone program, or are you going to tie that in with the white paper coming forward?

**Hon. Eric Hoskins:** Last fall, I personally asked for a review of that aspect of the treatment and supports that we provide to those who are addicted or dependent on opioids, and specifically the methadone component of that. I did that on the basis that I believe there are significant measures that we can and should take in the province that will better reflect emerging best practices.

When I look to British Columbia, for example, the Vancouver Coastal Health authority has successfully transformed the nature of the support they provide, even moving beyond methadone in the first instance. I strongly believe we have opportunity in this province to serve the roughly 40,000 Ontarians who are receiving support through methadone treatment. I think that we can do better, so I have formed a task force specifically to address this issue in the context of the broader issue of opioid abuse itself.

**Mr. Jeff Yurek:** I would agree with you. I don't think you're getting your value for your money with regard to the methadone program in the province, with regard to the amount of money I would assume is spent on the pharmacy side of things. You'll get me those numbers, though?

**Hon. Eric Hoskins:** I certainly will look into that with my ministry.

**Mr. Jeff Yurek:** Okay. Talking about page 131—I'm just skipping over to the dental program in the public health section. Is the low-income dental program investment including Healthy Smiles, or is that what's coming over from the reallocation from ministry?

**Hon. Eric Hoskins:** Yes.

**Mr. Jeff Yurek:** It was an "or." Yes to both? It was an either/or.

**Hon. Eric Hoskins:** Oh, it was an either/or? The Healthy Smiles and low-income dental are, yes, one and the same.

**Mr. Jeff Yurek:** Okay, so it's coming over here. What were the cost savings? Did you have any by combining the six programs together that you mentioned earlier?

**Hon. Eric Hoskins:** We've certainly streamlined and improved the administration of the program, which, to be frank, was quite a burden for the dental providers themselves, the dental professionals. We may have the actual figures, but I want to point out that as a result of the transformation of the program, we've been able to enrol, in terms of eligibility, an estimated 70,000 more children across the province to the benefit.

**Dr. Bob Bell:** There are no savings, Minister.

**Hon. Eric Hoskins:** The deputy is just pointing out that in fact there are no savings because the savings we are accruing through efficiencies are being reinvested. If anything, if I look at calendar years 2013, 2014 and 2015, on a calendar-year basis—because a significant portion

of this is administered through public health, which functions on a calendar-year basis—\$29.9 million in 2013 increases to \$34 million in the most recent calendar year of 2015.

**Mr. Jeff Yurek:** Have you been looking to review the payment schedule for dentists with regard to Healthy Smiles? That's something I'm hearing quite a bit, that more could be done if the payments were closer to what they charge in reality.

**Hon. Eric Hoskins:** I've certainly had a number of conversations with individual dentists, as well as the ODA. In fact, it was at my initiative that I created a table within the ministry to work with dentists, including the ODA, to explore a variety of issues—not limited to the remuneration related to the Healthy Smiles program—to look at other issues of not just concern but of opportunity for dentists that they've been instrumental in pointing out to us.

The first meeting was several weeks ago that I attended. I am confident that it is going to prove beneficial to our intent of being able to further strengthen an important program.

**Mr. Jeff Yurek:** Also on page 131, you have \$17 million allotted for the shingles vaccine. When will that program commence this year?

**Hon. Eric Hoskins:** It is anticipated that that program should be available beginning this fall, where eligible individuals will be able to obtain the shingles vaccine free of charge.

**Mr. Jeff Yurek:** And will that also incorporate the expanded scope of practice for pharmacists for travel vaccines to start this fall as well? Just say yes.

**Hon. Eric Hoskins:** Yes—roughly, yes. We've been working exceptionally hard with our pharmacist colleagues and those who represent them and made—again, there's a table format that was set up involving them to ensure that we had the right scope and breadth of vaccines, where we anticipate in the next number of months being able to actualize that. In fact, I believe that because there's a requirement now for a regulatory change through the College of Pharmacists, that that is the work that the college is now undertaking to be able to take the recommendations, which the government has then supported, and actually provide the regulatory environment for that to take place. But I anticipate that certainly by, if not late summer, early fall.

**Mr. Jeff Yurek:** Marshall's pretty effective at that job at the college. He'd probably be ready for prescribing minor ailments as well, if you want to take care of that as well.

**Hon. Eric Hoskins:** Well, yes, and I haven't been silent on that as well. I'm a big fan of expanding the scope of practice. The member for Ottawa South as well, my parliamentary assistant, has been doing considerable work with regard to scope of practice with the various health care professionals and those that represent them. Being a health care professional myself, I understand the importance of enabling health professionals to function and to work to the maximum of their scope.

**Mr. Jeff Yurek:** Okay. I'm just skipping over to Panorama. We learned that it cost more than double the \$79 million to create, and now, on page 177, you're noticing an increase of another \$1.2 million into Panorama. What do we expect to achieve with an additional expenditure on a program that's already double the cost?

**M<sup>me</sup> France Gélinas:** Can you repeat the page?

**Mr. Jeff Yurek:** Page 177, please.

**Dr. Bob Bell:** I have the answer to that.

**Hon. Eric Hoskins:** Do you have the answer to that? Thank you.

**Dr. Bob Bell:** We would disagree that it was delivered for twice the cost. It was delivered on time and on budget. The \$1.258-million investment in Panorama relates to the operational cost to the program now that it's fully operational.

**Mr. Jeff Yurek:** The Auditor General, who pointed out the additional cost, was off?

**Dr. Bob Bell:** Yes. This is operational rather than the implementation of the program.

**Hon. Eric Hoskins:** Because where we are currently with Panorama, all 36 public health units are operational using it now. There are more than six million client records contained within it and 90 million immunization records as well. So we've successfully built Panorama. It's now moved into that operational phase that the deputy has referenced.

**Mr. Jeff Yurek:** And when will that be able to actually communicate with eHealth and doctors' offices? I'm hearing that it's hit and miss wherever you are.

**Hon. Eric Hoskins:** Panorama was created to enable that rapid access by our public health units to this data. We released, I believe late in the fall, Immunization 2020, which is our plan for further strengthening the province's immunization program on a go-forward basis in the next several years. It was critically important to me, as a health care provider, and, having had experience in this as well, an important aspect and, quite frankly, something for families across the province—being a parent who has had to search for a yellow vaccine card, and try to remember which drawer it was in and make sure it's up to date—is to be able to make it easier for our health care providers—nurse practitioners and family doctors, for example—to be able to provide that information electronically into the public health system and make that available as well to clients, to individuals and families across the province so that they have ready access.

1750

Also, given that we have legislation in this province with regard to mandatory vaccines for children of school age, I believe it will enhance and strengthen that program so it's better for all partners: the family physician and nurse practitioner, the families involved, as well as the public health officials.

**Mr. Jeff Yurek:** So do you foresee, when the vaccination bill you have before the House is passed, that doctors will have to—that eHealth will be working with



Panorama at that time, or are they going to have to manually submit the reports to the health units?

**Dr. Bob Bell:** Currently, Panorama is accessible in read-only format through the cSWO-connected backbone in southwestern Ontario. We expect that will roll out to all 21 hospitals using cSWO over the next series of months, and subsequently through the connecting GTA backbone as well. That's in read-only format, allowing physicians working in hospitals to see the patients' immunization records.

**Mr. Jeff Yurek:** But the bill is going to mandate that the doctors now forward it. How is that going to occur if eHealth and—

**Hon. Eric Hoskins:** We're working with our health care providers. Obviously, it's subject to the legislation being approved by the Legislature. But we will be and are consulting with them. We'll work with our health care providers to determine what particular methodology is the best, that will work best for them, as well as that will reflect the advances that we've seen in eHealth and electronic health records and that also is appropriate with regard to our public health officials and the information that they require.

For me, this was a priority that was identified as an area where technology could really benefit all parties involved, in ensuring the validity as well as the timely availability of vaccine records, particularly, in the first instance, those that are focused on the mandatory vaccines required for school entry and remaining within school.

**Dr. Bob Bell:** As the program starts to roll out, physicians will communicate with public health units in the same way that they currently report reportable infectious diseases: currently a variety of means available to them that will be used to report vaccinations to be recorded in the Panorama system.

**Mr. Jeff Yurek:** Okay. On page 131—sorry, I'm jumping around here.

**The Chair (Ms. Cheri DiNovo):** Mr. Yurek, you have just over two minutes left.

**Mr. Jeff Yurek:** Thanks, Chair. Public health units: We're seeing an increased investment of \$4 million. Currently, there are 28 health units who have frozen budgets. So is this \$4 million going just to the remaining eight health units? That's part A of the question. Part B

is, how long are these budgets going to be frozen for the remaining 28 health units?

**Hon. Eric Hoskins:** Do you want to jump in?

**Ms. Roselle Martino:** I'm Roselle Martino. I'm the assistant deputy minister for the population and public health division.

Mr. Yurek, we provide funding for health units for mandatory programs, but we also fund health units on top of that. The \$4-million growth was the additional funding for programs and services for public health units on top of the mandatory programs, which is the health units that you mentioned didn't receive funding for that particular piece.

**Mr. Jeff Yurek:** So the \$4 million is for all health units?

**Ms. Roselle Martino:** Yes. A number of health units submit—we fund a lot of programs 100%, and they also submit requests for one-time funding for a number of programs, depending on local priorities. That's what that funds for all 36 health units across—

**Mr. Jeff Yurek:** So how long is the funding freeze? Is it going to continue into next year as well? Or won't we know that yet?

**Hon. Eric Hoskins:** There's no funding freeze. Over a number of years, through a consultation process that was exceptionally inclusive, including our public health units and those that work within them, a new funding formula was agreed upon that has the support, for example, of ALPHA, the Association of Local Public Health Agencies.

As a result of that new funding formula, there were changes anticipated in the allocation of funds. For example, the formula improved because it was focused more on demographics, expressed and identified need, socio-economic factors, and growth factors within public health jurisdictions, as well. The administration of the formula might have resulted in a decrease in funding to certain public health units based on the agreed-upon formula that's now been implemented. However, as minister—

**The Chair (Ms. Cheri DiNovo):** I'm afraid with that, Minister, the time is up. Thank you, Mr. Yurek.

There being only a few minutes left, this committee stands adjourned until tomorrow at 3:45.

*The committee adjourned at 1756.*





## CONTENTS

Tuesday 31 May 2016

Ministry of Health and Long-Term Care.....	E-951
Hon. Eric Hoskins	
Dr. Bob Bell	
Hon. Dipika Damerla	
Mr. Peter Kaftarian	
Mr. Patrick Dicerni	
Ms. Patricia Li	
Mr. Mike Weir	
Ms. Denise Cole	
Ms. Nancy Naylor	
Ms. Nancy Lytle	
Ms. Roselle Martino	

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Mr. Jeff Yurek (Elgin–Middlesex–London PC)

#### Clerk / Greffier

Mr. Eric Rennie

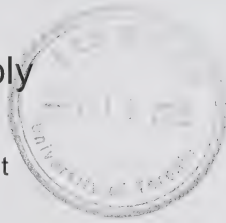
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**Legislative Assembly  
of Ontario**

First Session, 41<sup>st</sup> Parliament



**Assemblée législative  
de l'Ontario**

Première session, 41<sup>e</sup> législature

**Official Report  
of Debates  
(Hansard)**

Wednesday 1 June 2016

**Journal  
des débats  
(Hansard)**

Mercredi 1<sup>er</sup> juin 2016

**Standing Committee on  
Estimates**

Ministry of Health  
and Long-Term Care

**Comité permanent des  
budgets des dépenses**

Ministère de la Santé  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Wednesday 1 June 2016

Mercredi 1<sup>er</sup> juin 2016*The committee met at 1600 in room 151.*MINISTRY OF HEALTH  
AND LONG-TERM CARE

**The Chair (Ms. Cheri DiNovo):** Good afternoon, everyone. We are here to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of eight hours and 30 minutes remaining.

Before we resume consideration of the estimates, if there are any inquiries from the previous meetings that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions. Minister: anything? No? Okay.

When the committee adjourned yesterday, the third party was about to begin their 20-minute round of questioning. Madame Gélinas, the floor is yours.

**M<sup>me</sup> France Gélinas:** Thank you. I will go back. Remember that I had said I was at the 40,000-foot level? Now I'm drilling back to some of the smaller amounts that are in the estimates and others.

I had asked you about the \$85 million that had been announced in the budget, which is great news, and you have explained to me the guidance documents to show how it was going to be distributed. I'm fine with this, but it does open the door to some issues with nurse practitioners, the first one being scope of practice.

I know that you are a big champion of expanding the scope of practice, and I appreciate that, but there are things such as urine dips, test strips for glucometers, ultrasound for thyroids, X-rays for some body parts—those amendments were done in 2009. We're in 2016. How much longer are we going to have to wait before we give nurse practitioners the right to do that?

**Dr. Bob Bell:** We'll ask Denise Cole, ADM of health human resource planning and health professional regulation, to respond to this. She has the most up-to-date information.

**Ms. Denise Cole:** Hi there. I'm Denise Cole—still Denise Cole today. I'm Assistant Deputy Minister of health workforce planning and regulatory affairs with the Ministry of Health.

Those were in the unproclaimed section of Bill 179, Madame Gélinas, and we are currently doing the work required around the scopes of practice to move forward

with proclaiming those sections. I'm anticipating that by the fall, we should be in a position to proclaim those sections. We have been engaging with conversations with the nurse practitioners' association around that.

**M<sup>me</sup> France Gélinas:** So you expect this fall, and all of the four that I've mentioned so far—urine dip, the test strip for glucometers, the ultrasound for thyroids as well as the X-ray for all the body parts—

**Ms. Denise Cole:** We will be taking those recommendations forward to cabinet for proclamation of those sections. But of course, it all depends on cabinet's final decision-making.

**M<sup>me</sup> France Gélinas:** I understand. You'll be ready this fall.

Don't go away; the next question will probably also be for you.

Those were the easy ones. The other ones have to do with controlled substances. Do you have a timeline as to when we can expect nurse practitioners to be able to prescribe controlled substances?

**Ms. Denise Cole:** The discussions around controlled substances, not only for nurse practitioners but for some other providers, are dependent on recommendations coming forward from the College of Nurses of Ontario. We have started to have some peripheral conversations with the College of Nurses around that. We can get back to you with regard to the specific timelines that they have to bring those pieces forward.

**M<sup>me</sup> France Gélinas:** All right. Was it from your initiative that you went and asked the CNO about controlled substances, or was it the other way around?

**Ms. Denise Cole:** My colleague Suzanne McGurn would probably be able to give more specifics, but it flowed from the federal government's work around allowing certain professions to have controlled substances. I wouldn't say it was us approaching the college or the college approaching us; it was a joint recognition on the part of both parties that the work needed to be done. But it is the college making a regulation, so they need to draft the reg and then come back to us.

**M<sup>me</sup> France Gélinas:** Once the college has drafted the regulation and is sure that it has the proper oversight to protect the public, what needs to be done at your end?

**Ms. Denise Cole:** They would present the regulation to us. We have an obligation under legislation to post the regulations for a specific period of time, to invite input from other interested parties. Once that is done, then we

would take it through the formal cabinet decision-making process for final approval.

**M<sup>me</sup> France Gélinas:** Okay. And there are drugs that are—I call it facilitated access, but I'm not sure I have the right terminology. Basically, the nurse practitioner can renew once it has already been prescribed by a physician. A lot of those drugs have to do with HIV. Are those going to be captured in the coming changes, or are they still going to be so that a physician needs to prescribe them first before the nurse practitioners can continue to renew?

**Ms. Denise Cole:** I don't have the answer to that, but would be prepared to look into it, or if Suzanne has the answer, we can switch chairs. Suzanne is the drugs person.

**Ms. Suzanne McGurn:** I'm Suzanne McGurn. I'm the assistant deputy minister and executive officer for the Ontario public drug program. Thank you for the question. The request that you're making pertains to the Exceptional Access Program. What we need is actually a statutory change to be able to make the change. The barrier that you have identified is in our governing legislation, and we are looking for the first opportunity for that to be addressed. We have spoken recently with the NPAO with regard to that matter, and it remains a priority for us to address.

**M<sup>me</sup> France Gélinas:** So would that mean that it would be part of a piece of legislation before this change can happen?

**Ms. Suzanne McGurn:** The legislation specifically identifies only one provider group as being able to order exceptional access, so we do need a legislative vehicle.

**M<sup>me</sup> France Gélinas:** Okay. And is this the same thing where you would then have to go to the College of Nurses of Ontario? No? It's strictly that if we do our work as legislators, it will hopefully go through and then be implemented?

**Ms. Suzanne McGurn:** Yes, that's correct. It does not require the College of Nurses to make regulations for that change to occur.

**M<sup>me</sup> France Gélinas:** Okay. Thank you. The—

**Dr. Bob Bell:** Just to perhaps add a bit of clarity to that, I'm going to ask Suzanne: Suzanne, that's not about prescribing as much as being able to achieve Exceptional Access Program funding?

**Ms. Suzanne McGurn:** Correct. Nurse practitioners are currently able to prescribe a wide range of medications, with the exception of the narcotic opioids that you referenced in your question to my colleague. But for drugs that they are able to prescribe, they are unable, because of our legislation, to access the Exceptional Access Program because of the legislative barrier. It is an inconsistency. When changes were made previously, it wasn't captured, so we are working towards that.

**M<sup>me</sup> France Gélinas:** Minister, do you see an opportunity in the fall to bring such a legislative change forward?

**Hon. Eric Hoskins:** Well, it may be that the ministry is in a better position to ascertain when that opportunity might arise.

**M<sup>me</sup> France Gélinas:** So no time frame?

**Dr. Bob Bell:** If I may, Minister?

**Hon. Eric Hoskins:** Yes.

**Dr. Bob Bell:** Under the minister's direction, we're looking at developing a vision document that describes a future for the publicly funded drug program of Ontario. As you know, currently we have six different programs. Consolidating that to a single program and looking at a variety of different aspects of what Ontarians will have in the future, it's very possible that the kind of change you're talking about—to one of our smaller programs, but an extremely important one, the Exceptional Access Program—could be something that could be covered in that vision document.

Certainly in the timetable of the Patients First changes that we're looking at, the Patients First drug program is certainly something that is important. The kinds of changes related to who can achieve access for Ontarians through these drug programs would probably be one of the things that play a role.

**Hon. Eric Hoskins:** If you'll allow me, as well, I think we have 26 regulatory bodies for our health care professionals, so you can imagine that there is tremendous scope to expand scope of practice across a number of health professionals or within the health sector. My parliamentary assistant, John Fraser, is spearheading that effort with the ministry, where we're looking in a slightly different way, as well, at categories—rather than looking at the individual professions, we're looking at the opportunities and the categories for expanding scope, for example, with prescribing drugs.

1610

But as evidenced by the commitment that we've made for RNs prescribing and for death certificates, and as well, the work that we've done with pharmacists with regard to allowing them to administer a greater variety of vaccines, it's something that I'm—I know John feels the same way, the member for Ottawa South. We're very committed to working with all of our health care professionals to expand the scope as much as possible because we see that, quite frankly, as an important mechanism to improve the service delivery for Ontarians, provided that we have the support of the various regulatory colleges or entities.

**Dr. Bob Bell:** One of the really salutary things under Parliamentary Assistant Fraser and Mr. Hoskins's leadership is to turn the question on its head and not talk about what's right for the profession—as has often happened in the past, this turns into turf regulatory issues—but rather say what's best for patients.

When you think of the problems that people have renewing prescriptions, it's obvious that something like nurse prescribing would serve the interests of Ontarians. These are the kinds of ways that we're looking at these issues now, more from the patient's perspective as opposed—of course, looking at who has scope of practice and capability and training, but oftentimes there are overlaps, as you know, and trying to look at it from the patient's perspective is a fresh approach that's working well.



**M<sup>me</sup> France Gélinas:** I appreciate that. I think that it's a good way forward.

Where do those talks take place? Is there a person in charge in your ministry? Is there a committee in charge in your ministry?

**Dr. Bob Bell:** Denise Cole, ADM of health system workforce planning and health professional regulation, has day-to-day responsibility for that area. Certainly, from the perspective of the regulation of health professionals—recognizing that 26 colleges are a lot of colleges—could we perhaps look at a different way of thinking through those regulations? There is somebody engaged full-time with a team on the important issues of anticipating what the health workforce will look like and how health professionals will work together. As you know, interprofessional care is a constant theme of workforce planning in the future.

Looking at overlapping scopes of practice, the thought that only one profession would have a scope that clearly delineated—probably only cardiac surgeons should operate on your heart, but there are many things that different professionals can do. That's part of the philosophy that Denise has been espousing. It's an important piece of the work, and she is fully engaged in thinking through the future and how professionals will be working together and how colleges will work together in regulating this practice.

**M<sup>me</sup> France Gélinas:** Is the scope of practice of PSWs, RPNs, nurses and nurse practitioners working at the bedside, sometimes in an interdisciplinary fashion, something that Ms. Cole's ADM-ship—I don't know what to call it—office is looking at?

**Ms. Denise Cole:** Do I have to say my name again?

**The Chair (Ms. Cheri DiNovo):** No.

**Ms. Denise Cole:** No? Okay. You have it.

Madame Gélinas, right now, PSWs do not have a scope of practice as defined under the Regulated Health Professions Act. Within my division, there is a director who is responsible for regulatory affairs and is the point person—and there is a team, as the deputy indicated—who works quite closely with the colleges and the various associations for the professions.

As we're moving forward with the work around the scopes of practice, as the minister and deputy pointed out, we really do want to shift the paradigm around how one deals with scopes of practice. So we are engaging—there is a table, the FHRCO, the Federation of Health Regulatory Colleges of Ontario, where all 26 colleges are around the table. So this is a piece of work, in addition the work that PA Fraser is doing, that we have been engaging with them on, so we can get to a place of a consistent framework to be able to make decisions around scopes of practice.

**M<sup>me</sup> France Gélinas:** Okay. If I drill down on this, specifically—I mean, RNAO put out a report that basically said that only RNs should work in our hospitals. We presently have a mix of PSWs, RPNs, nurses and, sometimes, nurse practitioners all working at the bedside. Is there somebody looking specifically at the scope of

practice of the different, sometimes regulated, sometimes unregulated, professionals that work at the bedside?

**Ms. Denise Cole:** That is an overall part of the work we want to do around what I call the modernizing of our approach to how we do regulation in the province, so that we really are putting the patient at the centre. What are the patient's needs? What are the system changes and transformations required to support the patient's needs? And then what is that continuum? As you would know, the RHPA has been crafted in a way for that overlapping scope. But it's coming at it not only from looking at what are the scopes that the professions have, but what are the competencies that they have to be able to work to optimum scope: Who is best placed on an interdisciplinary team to do what?

That is a part of the work that we're doing, and it is being done in partnership with not only the colleges but the various associations: so the Registered Nurses' Association of Ontario, the RPNAO, the nurse practitioners' association, ONA. Although the PSWs are not regulated under the RHPA, we do liaise with them through their association as well.

**M<sup>me</sup> France Gélinas:** And which association is that that represents them?

**Ms. Denise Cole:** There's the professional support workers' association of Ontario. They're a very small association, but we do engage—

**Dr. Bob Bell:** Personal—

**Ms. Denise Cole:** Did I say “professional”?

**Dr. Bob Bell:** Yes—

**Ms. Denise Cole:** Personal support workers.

**M<sup>me</sup> France Gélinas:** I knew who you meant. All right. I'm happy to hear this.

Again, with the scope of practice, another series of professionals that don't have a college are the paramedics. Is this something that is presently being looked at as to the self-regulation of paramedics within a college or within another framework?

**Dr. Bob Bell:** Why don't I start off? I think it's fair to say that there is a variety of professionals involved in providing health care, obviously, in this multidisciplinary environment, and a number of folks who don't have a professional college, currently. Paramedics are a good example of that.

In point of fact, there are other ways of talking about the appropriate training, skills and scope necessary to undertake safe practice—the professional attributes that are required. There are other ways of defining that without defining a self-governing college approach. Just because—

**M<sup>me</sup> France Gélinas:** Can you name me one?

**The Chair (Ms. Cheri DiNovo):** Madame Gélinas, you have under two minutes left.

**M<sup>me</sup> France Gélinas:** Thank you.

**Dr. Bob Bell:** Well, they're in other jurisdictions. For example, the National Health Service in England has a different way of aggregating colleges and providing a professional standards association approach toward providing the attributes, training and accreditation necessary

to actually define an individual as carrying out a practice. So defining a practice in training as opposed to a college—

**M<sup>me</sup> France Gélinas:** Is this being looked at for the paramedics right now?

**Dr. Bob Bell:** Sorry, my comment was not so much around the paramedics as to say that we already have quite a few colleges. To think about adding college after college after college, I think it's fair to say that we're looking at that at a high level, looking at whether or not we need to keep on adding colleges or whether we can aggregate colleges, whether we can look at other methods for actually protecting the interests of Ontarians without creating college after college after college.

**M<sup>me</sup> France Gélinas:** I'm not familiar with what you're referring to that could apply to paramedics. Can you give me another example of something that is not a college and not self-regulatory that exists in Ontario, or would it be new to Ontario for the paramedics?

1620

**Dr. Bob Bell:** It would possibly be new to Ontario.

**M<sup>me</sup> France Gélinas:** Okay.

**Hon. Eric Hoskins:** If I could just add—certainly the ministry and myself directly have had quite a substantial number of conversations with the paramedic associations and those who represent them. Plus, we've received advice in past years from the Health Professions Regulatory Advisory Council, or HPRAC, with regard to regulation of paramedics. So I think—

**The Chair (Ms. Cheri DiNovo):** I'm afraid that is the time for the third party.

We now move to the government side. Mr. Fraser.

**Mr. John Fraser:** Do you want to finish your sentence on that—

**Hon. Eric Hoskins:** Only if you'll allow me, only to say that—I know this is off the clock—this is an issue that I think it's fair to say we're very engaged with the association, with paramedics at this time.

**Mr. John Fraser:** Now that you've gone on to scope, you've got my questions all messed up and I'd rather talk about scope. But I'm not going to, other than to say that I do want to let MPP Gélinas know—because it's some work that I've been doing over some time—that I'd be happy to talk to her about it any time in the Legislature or wherever.

I would like to thank Denise Cole and her branch. It is a change—I know this is the time for me to ask questions—and a transformation in how we're looking at scope that is really focused on the patient and is focused on value in the system. I think it's the right approach. Would it have been better if we'd done it 15 years ago? Yes, but that's where we're at right now. I think it will improve patient outcomes, which is a good segue, because that's what my question is going to be about.

I know it's a priority to make it easier for patients and caregivers to get access to home and community care. Through Patients First: A Roadmap to Strengthen Home and Community Care, I know that plan is going to improve and expand home and community care in Ontario.

I think it was mentioned in committee yesterday that there's an additional \$750 million over three years for home and community care, and that adds up to—at least the numbers that I have—around 80,000 hours of nursing care, which will make it possible for people with complex needs and complex conditions to get the care they need where they want it, which is at home in the community. This is a really good thing and it's going to improve that care.

One of the things that I have noticed that is a challenge in the system—and if you'll allow me, I'll relate some personal experiences. I know we all, through our constituency offices, get what I like to call the outliers, the things that happen in the system that are concerning, and it's all around transitions. For instance, my mom had her two hips replaced a number of years ago—excellent care all the way through. When she came home, the follow-up—excellent, excellent care. She actually had a heart crisis last year. The same thing: all the way through. Through the Ottawa heart institute, she received stents. We took her to the hospital at 8 o'clock at night and by 1 o'clock in the morning, she'd gone to the other site and had a stent in her heart. We were talking to her in her bed, and the next morning she had another stent in her heart. The thing that was critical was the follow-up after that, and that follow-up was consistent with what her needs were. She developed some complications with regard to a cough. So I was encouraged. You feel good. It makes you feel good as a son and as anybody watching that situation.

I had a different experience with my dad, and that was around palliative care and some of the transitions around—there were a couple of transitions that were particularly difficult between a practitioner and the treatment, and that was an administrative breakdown; the same thing occurred moving into the home care system. Those transitions really have an impact on outcomes. So it's about the continuity of care.

I'm going to use an old grocery store analogy. We had this thing we used to call "Take them to the peas," which is that if someone comes and asks you where the peas are, you don't say, "It's over there, aisle 5, about the middle," because they might not find it. They might not see it. You could be wrong. It might have been aisle 6, but you thought it was aisle 5, so—stay with me; I know I'm going out here. But that's a transition of a sort. How do we make sure that the outcome that we want, which is that person getting to the peas, actually happens? I'm getting there; I know I'm wandering out there.

There are different strategies to look at that in different settings. What I want to ask about is bundled care. Bundled care is a strategy to ensure that we get people to where they want to be, because what is funded is the outcome and not necessarily the activities that are separate and unique in that continuum of care.

My question is: I know that there were six pilot projects. I think, for the sake of the committee, just to understand what those pilot projects are, some background on whatever you can give in some detail on that,



because I think that that is not the only solution to ensuring that those transitions occur, but it's an important way—I think anyway, when I look at it—of incenting an outcome. So it's saying that you're compensated on the basis of getting that person to where they need to be. If you could give some detail around that, that would be really quite helpful.

**Hon. Eric Hoskins:** Sure. Thank you. I'm not sure if what you're suggesting, that the ministry needs to buy more peas, is part of this or—

**Dr. Bob Bell:** We're starting to think you're rebranding the initiative.

**Hon. Eric Hoskins:** Peas, please. Bundled care, for me, is one of the best examples of what we're thinking about and talking about when we talk and think about the patient experience. Right? It's better for just about everybody involved.

I think my first exposure to bundled care was at St. Joseph's hospital in Hamilton, where, interestingly enough, I did a good portion of my internship after graduating from medicine at McMaster. In fact, I did obstetrics there. I also did my surgical rotation, which wasn't particularly valuable to me because the surgeon I worked under was Dr. Butts. He was known as the bunion king. All he did, and so all I did for my six- or eight-week rotation at St. Joe's in Hamilton, was bunions.

**Mr. John Fraser:** Important work.

**Hon. Eric Hoskins:** It's amazing what you can learn in committee, isn't it? I learned a lot more in obstetrics at St. Joe's, let me put it that way.

St Joe's, which I think is one of the pioneers in the province with regard to bundled care, the amazing thing about it—and I've had the opportunity on a number of occasions to meet and speak with patients who had been part of the bundled care model there. It's remarkable. The metrics are there in terms of the outcomes. Specifically, they aim at patients who require hip replacement, for example; or knee surgery; cardiac patients, I believe, as well; and lung patients.

From an objective perspective, it's already proven that the rate of readmission, compared to a control group, has improved. The length of hospital stay is less for patients enrolled in this bundled care model. The number of visits post-surgery or post-hospital stay and the number of visits to the ER have gone down dramatically as well. Not just by 5% or 6%; it's in the order of 25% or 30% or 40% for each of those categories. In an objective sense, there's no question just how valuable the approach is.

But when you talk to patients, the remarkable thing outside of the metrics is the level of patient satisfaction—I would call it almost elation. The experience that they have where they know, even before going into hospital, that they will not only be well cared for in hospital, but those same people—there's an individual, often a nurse, who is attached to them for their hospital visit and for everything that takes place post-hospitalization as well, so arranging for the home care.

1630

They're given iPads as well so they know they can email or call literally 24 hours a day, seven days a week,

if they feel that they are perhaps getting into trouble or if they've got a concern or a question. That knowledge that there are people that they know who are with them through that whole journey and who are making sure that they're receiving the appropriate level of support at that right moment in time, and then having that security blanket, if you will, of knowing if you—because many of these individuals who they've selected for bundled care are individuals who perhaps don't have a safety net of their own in terms of caregivers or family members who are there with them. But even if they do, knowing that they have an opportunity to reach out to a health care professional at a moment's notice—and the stories I'd hear of, they'd email at 5 o'clock in the morning and at 5:07, they'd get a response to their inquiry. So it's pretty amazing.

And then on the physician and other health care professionals side of things, the team that works at St. Joe's—and it's being duplicated elsewhere—the level of satisfaction—and I would probably describe it as elation as well. They're just so excited about this model. Imagine the frustration if you're a surgeon and you replace a hip, and then you're sending them out into a completely different system, disconnected from your own, where you have to anticipate and rely on a home care service or other supports within the community to be able to provide that post-operative follow-up care or whatever that hospital occurrence might have entailed. And I have no doubt at all that it's saving us money.

So every way you want to measure it, I always think—because every decision that I make, I always try to imagine myself in the shoes of a patient or a caregiver. Patients don't care where the help comes from, where the health care support comes from. What they want to know is that they can rely on it, that it's going to be there when they need it, in a place where they can access it, and it's going to be reliable and of high quality. That's what bundled care provides, maybe better than any other model that I've seen. It's a tremendous opportunity to really imagine, if we can, what is of the highest level of importance. It's that high quality of care, but it's delivering it in a way which is as seamless and coordinated as possible. That really augments the patient experience, often at an exceptionally difficult and challenging time where they can use that support.

I think you can sense how I feel about bundled care and how strongly I believe in that model. It's one model among many. But I'm going to ask, in the remaining few minutes that we have, if Melissa Farrell, who's our ADM for health system quality and funding, can come and perhaps share some more information about bundled care and what we're doing currently and what we're planning to do in the province.

**Ms. Melissa Farrell:** Hi there. I'm Melissa Farrell. I'm the ADM for quality and funding with the Ministry of Health. Thank you so much. It's excellent to have the opportunity to talk to you about bundled payment. This is, obviously, something we're all very passionate and excited about.



I won't cover off a lot in terms of St. Joseph's, given the fact that the minister has really emphasized all the value and benefits that we really saw from that pilot demonstration project that we started with. We really looked at this as, "Hey, we have a successful initiative here on our hands, one that's clearly demonstrating better outcomes for patients." So we took, really, an innovative approach to figuring out how we could actually scale this up and scale this out for success.

We issued an expression of interest—I'll just give you some of the context about how this all played out—to the broad health care system, highlighting the successes of St. Joe's as an example, and then opening opportunities to explore other, related approaches to support patient transitions from hospital to home through integrated funding or bundled-care approaches. Through the expression of interest, providers—including hospitals, CCACs, direct service home care providers, physicians and others—were really encouraged to submit innovative and solution-driven approaches based on evidence-informed clinical pathways within the policy framework that we had set.

This way of gathering interest from the health system was quite innovative, and it actually led to really high levels of uptake. There were over 1,000 participants in our webcast launch of the expression of interest. We also had 50 expressions-of-interest applications that were actually submitted to the ministry to be a part of this initiative in the first place. We did a multi-phased assessment process to look at each of the submissions as they came through with the LHINs, as well as St. Joe's, who has been a big partner for us, looking at what we thought we could do and what the art of the possible was within these expressions of interest.

This review was followed by readiness assessment visits. We went out to 14 short-listed sites and then, through that collaborative team that I just talked about, we were able to end up with six sites. We actually took all 14, met with the minister, talked about what we had seen in terms of those readiness assessments, and then selected the six that we thought were the most innovative and we thought could see the most success from this.

One thing that's really important to understand is that all jurisdictions are struggling with this concept of integrated approaches and these transitions. You say it's—

**Mr. John Fraser:** "Take them to the peas."

**Ms. Melissa Farrell:** Take them to the peas. We call it the warm hand-off. So everyone is really trying to work through that. These six teams are really focusing their work on patients who need short-term care at home and after leaving hospital, but many jurisdictions are actually looking well beyond that: into primary care. Physician payments are part of the bundles as well.

What these teams are actually looking at is that all steps in the patient's journey, including hospital and home care, are funded as one seamless bundle of care, so it's one funding envelope across settings. As a result, patients will transition more smoothly out of hospital and

into their homes and will have, we're hoping, fewer emergency department visits and also be less likely to be readmitted to hospital. We're also looking for a reduced length of stay.

All six teams, as of today, are currently enrolling patients and are reporting some outcomes. I have some positive outcomes to talk to you about as well. The six teams are—just to highlight that for you. One of them is Connecting Care to Home, which is focusing on patients with a diagnosis of chronic obstructive pulmonary disease—COPD—and congestive heart failure in London-Middlesex. That includes, just so you're aware of the providers in particular, London Health Sciences, as well as St. Joe's in London.

The second bundled payment project is Integrated Comprehensive Care 2.0. This is the St. Joseph's-in-Hamilton project beefed up to the full LHIN. All of the hospitals within that LHIN are part of this particular project. They're focusing on hospitalized patients with a diagnosis of COPD and CHF as well, so it's similar. As I've already mentioned, it's all the hospitals in that group.

Hospital to Home is at William Osler and Headwaters. They're focusing on patients with urinary tract infections and cellulitis in that particular LHIN: Central West.

We have Putting Patients at the Heart, focusing on cardiac surgery patients in Mississauga Halton LHIN, and that's a Trillium project.

One team is focusing on Patients Recovering from a Stroke in the Toronto Central LHIN, and that includes North York General Hospital and Sunnybrook as well as Providence Healthcare.

Our final one is Integrated Specialized and Primary Care—that's the name of the project—focusing on patients with COPD and CHF in the Central LHIN. North York General Hospital is the main provider group included within that.

**The Chair (Ms. Cheri DiNovo):** You have about two minutes left.

**Ms. Melissa Farrell:** That's great. Even in these early days, the initiative has already seen some quick wins. We have nearly 400 patients who have been supported—that was last year—during the ramp-up period for each of the six sites. For this year, the target is over 4,000 patients who will be treated within the six sites. We know that the relationships are already forming within the home and community care sector, as well as hospitals, as part of this, getting a deeper understanding of the challenges with each, because they're trying to come up with these innovative approaches to addressing these patient groups.

We've also noticed a deep sense of engagement and empowerment from providers who are involved across the six sites. They're really excited about what they're seeing here. In fact, the way that they talked about it at St. Joseph's is that going back to the old way would be like going back to the typewriter in terms of how you would approach patients.

We've also begun to observe a shortened acute length of stay. We're seeing that as a measurable outcome already with these six sites, which I think is terrific.

We obviously know, though, that there's more to be done, so the sites will have their progress and outcomes tracked and will be sharing lessons learned with each other. We have an extensive evaluation of the program which is being conducted by one of Canada's top health service and policy researchers. All of the data points will become public and shared through a community of practice that we have across all of these groups.

1640

I'm really proud to say that the broad implementation team, which includes St. Joe's and ourselves, has also recently been awarded an IPAC/Deloitte Public Sector Leadership Award for the implementation at the six sites, which we're very excited about. The award actually recognizes organizations that have demonstrated outstanding leadership by taking bold steps to improve Canada's health care system. Over 100 submissions were received, and we were awarded the gold award in the past few months for this implementation. So we're very excited about where to take it; after we go from these six sites, hopefully we can go provincial.

**The Chair (Ms. Cheri DiNovo):** Thank you. Now we move to the official opposition. Mr. Harris?

**Mr. Michael Harris:** Good afternoon, Minister and staff. Minister, I'm sure you're well aware that I've got a variety of issues, but the first one I'd like to talk to you about is the subject of rare diseases. I think it's important to say off the top that we travelled the province earlier on in the year and met with folks right across the province who suffer from a rare disease and had trouble accessing treatment from your ministry.

I will say that I shared in the disappointment of those patients when your government, along with your colleagues, some of whom had committed to voting for striking a select committee, chose—perhaps for political purposes—to vote against my motion to strike a select committee, a committee that has worked on a variety of issues, like the sexual harassment select committee, developmental disabilities, mental health, etc.

I'll move on from that. There was perhaps one positive, and that was that earlier in the week, prior to my debate, you did commit to strike a working group. I suppose I'd like to start there in getting some specifics of that working group. I'm curious to know if you can tell me the names of folks who have been asked to sit on that working group.

**Hon. Eric Hoskins:** You're correct that we did, at that time that you referenced, commit to creating a working group. That working group has been created. I'm not sure if the deputy can share the composition; do you want to take that on, Deputy?

**Mr. Michael Harris:** That would be great. Thank you.

**Dr. Bob Bell:** Thank you for your leadership and promotion of the needs of children, adolescents and, in some cases, adults with a rare disease. As you know, this is an increasingly complex area that involves so many different parts of the health care system, from neonatal screening to genomic diagnostics to recognizing syn-

dromes, mainly in children, that have not yet been diagnosed, and recognizing the various methodologies across Internet advocacy groups that are often essential to pulling together syndromic conditions that can only be identified by bringing together children on six continents who have these conditions and comparing their genomic backgrounds.

This is a rapidly evolving area of medical practice. We're absolutely delighted that Dr. Cohn, the chief of pediatrics at the Hospital for Sick Children, who was recruited to SickKids about three years ago from Johns Hopkins as an expert in the genomic diagnosis of children with rare diseases, has agreed to chair this panel.

The panel is a pan-Ontario panel that includes expertise from CHEO, the Children's Hospital of Eastern Ontario, which, as you know, has had a long interest in the screening and collection of genomic material appropriate not just for diagnosing children today but, with storage of genomic material, is able to create a registry system that allows population screening and adds Canadian and Ontario data to the international bank of material available. I can't give you the name of the leader from CHEO who has agreed to take on the registry function and the genomic evaluation.

People who are serving as resources on this important diagnostics side include Dr. Stephen Scherer at the Hospital for Sick Children, who, as you know, is an international expert in whole-genome sequencing. Ontario is a centre of international excellence with application. Dr. Scherer's work, for example, in autism, using whole-genome sequencing, has really been a leading international centre.

Other experts who sit around that table include pediatricians. Because of the frequent association with pain syndromes for children and adolescents with rare diseases, there are experts in pain associated with it. Because of the association with musculoskeletal disease, skeletal anomalies, which frequently play a role in the diagnosis and symptom development of children and adolescents with a rare disease, there is an orthopaedics specialist from the Hospital for Sick Children who sits on that program. Because of the issues related to the importance of rehabilitation and the development of occupational therapy approaches to managing the neurological characteristics, as well as musculoskeletal, there is an expert in occupational therapy. We're very happy that we've been able to link the pediatric expertise that exists at the Children's Hospital of Eastern Ontario, and of course at SickKids, under Dr. Cohn's leadership, branching out as well to the spine service at Toronto Western Hospital.

As a primary focus, and again thank you for your leadership here, the diagnosis and treatment of Ehlers-Danlos disease, EDS, has been a primary focus for this. We recognize that a great deal of controversy exists in the appropriate management of children, adolescents and young adults with EDS. Under the minister's leadership—and the minister has actually stimulated this not only through his ministerial leadership but his personal



engagement and insistence on bringing patients with EDS into the planning of a process that will serve EDS patient needs, meeting on more than one occasion with families of patients who have EDS.

**Mr. Michael Harris:** Not to cut you off—and I appreciate that; I noticed the movement on the EDS file. That would sum up, I guess, everyone that's sitting on or has been asked to participate in the rare disease working group?

**Dr. Bob Bell:** There would be other members of it as well who would bring their specific areas of expertise in kind of a secretariat function because of the complexity. For example, Internet searches related to parents who—

**Mr. Michael Harris:** Would there be patients at all on this actual working group?

**Dr. Bob Bell:** Absolutely. There are patients involved, as you know, on the EDS working group.

**Mr. Michael Harris:** What about the rare disease working group?

**Dr. Bob Bell:** That serves as a subset of the rare disease working group.

**Mr. Michael Harris:** Aside from the EDS patients, will there be any patients who will sit on the new group that the minister announced back in February?

**Dr. Bob Bell:** The expectation is, as policies developed for the development of approaches to each—I mean, each one of the rare disease groups is different. Each one requires a different set of not only biomedical expertise, but also expertise in the associated problems of dealing with children and young adults. The minister has been absolutely committed to patient-family engagement here.

**Hon. Eric Hoskins:** I don't recall a single working group or table that I've asked to be created or been part of its creation that hasn't included a significant patient and/or caregiver or advocate presence. On this working group, there are three patient representatives.

**Mr. Michael Harris:** Who are they?

**Hon. Eric Hoskins:** I don't have that specific information. But I think we learned from the EDS working group with patient involvement as well, we believe, and I would hope you would agree, that that served as a highly useful model to be able to develop what has actually become a centre of excellence.

**Mr. Michael Harris:** So the three patient folks will be a permanent fixture to this working group, or will they be just called in as needed?

**Hon. Eric Hoskins:** I think both: the permanent presence of these individuals, but in addition, as the deputy referenced, from time to time as the working group looks at specific rare diseases. For example, as we found with EDS, there will be a necessity to bring in individuals who represent that community and have that specific patient expertise.

**Mr. Michael Harris:** When those patients are actually added to the working group, would you make that available to the committee as to who they are or will there be some sort of list publicly on your website that will be

available to show and see who is actually on this working group?

**1650**

**Hon. Eric Hoskins:** I don't know traditionally how we approach it. We have a number of working groups and tables that address a variety of issues. I'm not sure how we typically approach that.

**Mr. Michael Harris:** Have they met yet? Has the working group met yet?

**Dr. Bob Bell:** Yes. Dr. Cohn has met with members of the working group.

**Mr. Michael Harris:** I asked another important question about the timeline. You talked about an accelerated timeline. When would you expect that expert panel report to come back to you?

**Hon. Eric Hoskins:** Go ahead, Bob.

**Dr. Bob Bell:** I just wanted to respond, Mr. Harris, to your former question of: Do we typically publish the names? With patients' and family members' permission, the time that we usually publish the name is when the report is posted, and then we have the list of members who contributed to the report.

Let me just check and see, Minister, if we know when that first report out is considered.

*Interjections.*

**Dr. Bob Bell:** To be straightforward, we don't currently have a time frame for when the first report will be posted.

**Mr. Michael Harris:** Do you have an expectation that you've set, Minister, in terms of when you'd likely—you talked about how they will have an accelerated timeline, thus you've asked for the recommendations to come back to you within a similar time horizon. You mentioned that in your order paper question that I had.

Do you have any expectation? Do you expect by the end of the year to have—

**Hon. Eric Hoskins:** Yes, I anticipate. Certainly the full group has—

*Interjection.*

**Hon. Eric Hoskins:** All right. The ministry is informing me that they anticipate receiving a first report from the working group towards or by the end of the summer. Again, I would envision that because of the nature of the work, the variety of diseases that we are talking about and the approach that was taken successfully, I believe, with EDS, we anticipate that there would be a number of reports that would come forward.

But to get back to your original suggestion that our—

**Mr. Michael Harris:** We know what it was.

**Hon. Eric Hoskins:** No, if you'll allow me: You suggested it was political. It was in fact due to the fact that we believe that a working group of experts, as opposed to politicians, is a much more effective and timely way of developing strategies on these individuals with rare diseases—

**Mr. Michael Harris:** Would that be similar to the Ontario Citizens' Council that was struck in 2010? Would you concur that it was a similar group of experts



who were brought together to study rare diseases back then?

**Hon. Eric Hoskins:** That's not a good reference point for me. A good reference point would be, as Minister of Health, the various approaches that I have taken to address issues.

For me, after many, many meetings with individuals suffering from rare diseases, and their families, I felt compelled—and in fact, if you recall, my decision to strike a working group of experts was extremely well received by that community itself. The reason why we chose to take that approach was because I felt compelled to harness the expertise that's available, including that provided by patents themselves, to develop a strategy that was developed by experts.

**Mr. Michael Harris:** When you talk about that, I'm not sure if that means that you didn't find success with the select committees that were recently struck on sexual harassment, mental health or developmental disabilities, committees that were put to work on important issues.

But I'll remind you that the council that was struck—I'm trying to get the name of it. There were recommendations put forward to the Ministry of Health and Long-Term Care on rare diseases. When you mentioned that, it reminded me that there were 16 recommendations back in 2010. I'm just wondering if you're talking about committees like this, that you found better success in.

I guess I'll ask you: One of the recommendations that was given to the Ministry of Health and Long-Term Care back in 2010 was that drugs for rare diseases should have their own set of funding criteria. I'm assuming that has been acted upon?

**Dr. Bob Bell:** May I give you a sense of the accomplishments of the working group so far?

**Mr. Michael Harris:** I'm asking about—and the minister brought it up—taking the politics out of it. It took me back to 2010, when there was a council struck, without politicians, that put forward recommendations. I'm asking you specifically to report to the committee on those recommendations, if you felt that these types of panels actually reflect better results.

**Dr. Bob Bell:** We can certainly go back to that panel and review, but as you well know, Mr. Harris, the whole environment around rare diseases, with genomic diagnosis, has utterly changed since 2010. You'll be happy to know that the first development out of the working group is to build on the national rare disease strategy developed by COD, with Ontario-specific enhancements to that.

If we look at the five goals of the national rare disease strategy: “(1) Improving early detection and prevention”—the working group has included an increased emphasis on diagnosis, supported by genetic testing and, importantly, investment in counselling for families who are concerned about their children having unusual conditions; “(2) Providing timely, equitable and evidence-informed care” is the goal of the national rare disease strategy. We're including an increased emphasis on supporting. This is crucial because, of course, all of these children will have a primary care provider, and the way

that knowledge transfer to those primary care providers is given is essential to the children being cared for. So we're putting a special emphasis on knowledge transfer to the families—

**Mr. Michael Harris:** If you want to provide that document you're reading from to the committee, that would be helpful, and perhaps any of the actual, tangible outcomes of the 2010 recommendations—just progress or an update to the committee from those recommendations that were acted upon.

You brought up a national strategy that was developed out of the first ministers' meeting. I know, Minister, you talked about how Ontario is in fact co-chairing and leading that process. I'm wondering if you can tell this committee when that report will be public, I suppose.

**Hon. Eric Hoskins:** I'll have to discuss that with the ministry to get more details.

**Mr. Michael Harris:** And I guess there was a commitment to consult patient groups for that national strategy. Do you know if, in fact, that has taken place?

**Dr. Bob Bell:** The national strategy on drugs for rare diseases—

**Mr. Michael Harris:** This is the national strategy on rare disease out of the first ministers' meeting back in November. Minister, you gave an answer: “Ontario is in fact co-chairing and leading a process nationally across the country. We've established a committee nationally, specifically to develop a strategy for rare diseases in this country. Ontario is leading that effort.”

I'm wondering if you can tell the committee, because you are taking such an active role in that, if in fact patient groups have been consulted or will be consulted, and when you expect that report to be completed.

**Dr. Bob Bell:** That work which we're co-leading with Alberta certainly has engagement with patient groups and patient advocacy groups at several different levels. It's also connected with the pan-Canadian Pharmaceutical Alliance. The Ontario approach to treatments for rare diseases, as well as other conditions, is informed by the citizens' panel that you referenced earlier, a citizens' panel that was originally created to help inform public policy development around the Ontario drug benefit plan.

**Mr. Michael Harris:** So the national strategy that's being co-chaired by the province has or will have consulted with rare disease patient groups in terms of building what that strategy or plan will look like?

**Dr. Bob Bell:** Yes.

**The Chair (Ms. Cheri DiNovo):** Mr. Harris, you have about two minutes.

**Mr. Michael Harris:** Two minutes? Okay.

I know we've got one round after this, but a quick question—the Ontario public drug program is roughly \$3.8 billion: Is that correct? Is that what the line item would be?

**Hon. Eric Hoskins:** It's somewhat over \$3 billion. That's close.

**Mr. Michael Harris:** I don't know if anybody would know—excluding the rare cancers, how much would be spent on rare or ultra-rare diseases out of that?

**Dr. Bob Bell:** Let me introduce again ADM Suzanne McGurn, executive officer of the Ontario public drug programs.

**Ms. Suzanne McGurn:** I don't have the number that you asked for at my fingertips, but I can give an example in the past year.

I know we are often asked in the large group. Again, you pointed out one of the challenging parts of the observation, which is rare, ultra-rare or some other category. But just as an example in the past year—and this is one of a number, but we can go back and look to provide further detail in that area—there could be one product that provides support to less than 75 people that would be over \$20 million.

1700

So, there are a number of products that would be in that space—

**Mr. Michael Harris:** Would you be able to give a number to the committee in terms of roughly how much of the public drug program would be spent on rare and ultra-rare diseases, say, for the last couple of fiscals or the last fiscal? And then would you have a projected cost, perhaps, on what it would cost to fund all orphan drugs for patients with rare diseases in Ontario? Have you done any costing, perhaps, on that?

**Ms. Suzanne McGurn:** We're certainly happy to look into that and get back to you. With regard to the future, there are a lot of products in the pipeline and, again, the notional numbers would be probably quite substantial. That being said, we are certainly happy to look into it for you and—

**The Chair (Ms. Cheri DiNovo):** And I am afraid that is about it. Thank you. We now move to the third party and Madame Gélinas.

**M<sup>me</sup> France Gélinas:** The first question is a bit weird, but see what we can do with it. When CIHI talks about how much we spend on our hospitals—as in how much the government of Ontario spends on our hospitals—they use \$19 billion.

Minister, when you speak about how much the government spends on our hospitals, through the LHINs and all of this, you use \$17 billion.

Where does the \$2 billion fall?

**Hon. Eric Hoskins:** Okay. I'm not sure whether I've personally ever used that figure. I'm assuming you're referencing the estimates itself.

**Dr. Bob Bell:** This is largely an accounting issue, in that our provincial programs budget, for example, which would include funding to Cancer Care Ontario and the Cardiac Care Network, plus programmatic funding to our psychiatric hospitals, is often expended in the hospital sector. CIHI, when they do their work, in order to make it consistent from province to province to province, each one of which attributes various elements to different accounting buckets—so to give you an example, with our roughly \$16.6 billion—

**Interjection:** That's ours, and that takes us to \$19 billion, and that's the list.

**Dr. Bob Bell:** Thank you. I won't even bother to ask Nancy Naylor to come up.

What we attribute to hospitals relates to about \$16.4 billion of funding. Other related hospital funding includes psychiatric hospital funding, Cancer Care Ontario funding, and capital and consolidation effects to the overall hospital funding picture, which brings us a further \$2.578 billion. So a total of \$18.968 billion would be what CIHI would report, in comparison to other provinces.

**M<sup>me</sup> France Gélinas:** Okay. That—

**Dr. Bob Bell:** That was the 2015-16 printed estimates. The 2016-17 printed estimates would total \$19.217 billion.

**M<sup>me</sup> France Gélinas:** That works. Thank you. I was interested in listening to what you had to say about bundled care and in-home care in the new programs. I hear that the home care contracts are presently frozen until 2017, as in: They roll over but they don't get re-negotiated. Is this just a CCAC decision, or is this something that comes from your ministry?

**Dr. Bob Bell:** Associate Deputy Minister Nancy Naylor, who—

**Hon. Eric Hoskins:** —is best placed to answer this.

**Dr. Bob Bell:** Absolutely.

**Ms. Nancy Naylor:** Thank you. I'm Nancy Naylor. I'm the associate deputy minister for delivery and implementation.

We do have contract guidelines for the service provider contracts. They are the main way that CCACs deliver home care services, as you are aware. The contracts have been renewed every year, or re-documented every year, by our partner, the OACCAC. So there are contract provisions that come into those contracts every year, following discussions with the service providers.

The price has been fairly static for most of them, but some of them have been reopened by the CCACs, and they have procured, for example, for new care models, new cluster care models where they assign certain PSWs for buildings; new models like eShift in southwest Ontario, where PSWs and RNs use technology to communicate. That's largely a palliative care model that supports families with palliative care overnight in shifts for patients.

As part of the road map, we are working on a contract working group to modernize those contracts. We've had really good input from the service provider community. Home Care Ontario and the Ontario Community Support Association have been participating with a number of their members. We've been looking, particularly in our first year, at PSW contracts. They've supported us with a good data survey, understanding the cost structure of how they support their staff and their workers.

Our interest is making sure that the PSW wage enhancement investments that the government has supported over the last couple of years—those are going to be close to \$190 million this year, we expect. We're working on folding those into the contracts to reinforce



the government's policy direction that \$16.50 is the minimum—

**M<sup>me</sup> France Gélinas:** You're going farther and farther away from my question. My question was: Except for when the CCAC initiated a change in contracts because of a new program, is it true that the contracts are being renewed but are not being renegotiated throughout? Is this a government policy?

**Ms. Nancy Naylor:** They are being renewed. I think the service provider community has had a lot of volume continuity and a lot of business continuity as a result. That has supported them in offering the continuity that we want to see for PSWs.

They have been renewed effectively at the same price. One of the problems that we're trying to address is the complexity that's inherent in the pricing structure left over from the former home care program boundaries. Some of the rate boundaries followed those providers into the new structure, and they've maintained those.

There are a number of rates. They're quite closely clustered, for example in the PSW world, within a few cents of each other, and yet providers are maintaining multiple rates for slightly different boundaries within the CCAC boundaries. We're trying to resolve some of that complexity, and we're getting excellent participation from the community for that.

**M<sup>me</sup> France Gélinas:** When I hear that the contracts are basically not going to be renegotiated until 2017—what's going to happen in 2017?

**Ms. Nancy Naylor:** I have to say that the deadline of 2017 isn't one that I'm familiar with. We do have very succinct contract management guidelines, but the direction is that they renew it at the price.

I think the main investment, which has been substantial, is the support that we're flowing for the PSW wages directly. We are asking them to make sure those flow through to the staff. We're following up to make sure that happens and we're working to bring it in to our goal of a harmonized PSW rate.

**M<sup>me</sup> France Gélinas:** Okay, thank you.

**Hon. Eric Hoskins:** If you'll allow me?

**M<sup>me</sup> France Gélinas:** Sure.

**Hon. Eric Hoskins:** I think this came from Gail Donner's report from just under a year and half ago. Also, when we began the process of implementing the wage increase for PSWs, we learned of the complexity that exists among contracts across the province, across different CCACs, even with different third-party contractors within the same CCAC.

What we've been working on with this contract working group, with the support of our partners—quite enthusiastic support—beginning with PSW-related contracts, is to create a greater uniformity and simplicity across them. The example where you may have a service provider working in different CCACs, providing the same work, but under different contractual circumstances: That kind of disparity is what we're working to eliminate.

**M<sup>me</sup> France Gélinas:** Where is that work taking place?

**Dr. Bob Bell:** While Nancy is coming up to give you the details, I'll say that Nancy Naylor's division is really focused on this within a home care branch with a fairly substantial advisory group, comprised of patients, caregivers, terrific advice from Gail Donner and input from the associations of home care providers, as well as CCAC leaders.

Nancy, do you want to describe that a little better?

1710

**Ms. Nancy Naylor:** Sure. In the overall project governance structure, as the deputy has mentioned, we have an advisory group with the representation he's described. We have a number of project committees underneath that, and one is the contract working group. That's a group where we're working with individual service providers and their associations.

**M<sup>me</sup> France Gélinas:** Do you think what I hear in the field, that CCACs are waiting to see the recommendations coming out of that working group before they renegotiate—they renew, but they don't renegotiate.

**Ms. Nancy Naylor:** I should mention that the CCACs are participating on that committee because operationalizing, for example, the harmonized PSW rate will require some changes to their IT system and their billing system. They welcome it, the way the service providers are being very receptive, because it will eliminate a lot of complexity from their system and then allow us to free up some resources, we think, for patient care.

**M<sup>me</sup> France Gélinas:** Sounds good. Thank you.

I'm back to the paramedics. Just to know, is there work being done to change the Ambulance Act to allow paramedics on fire trucks?

**Hon. Eric Hoskins:** No.

**Dr. Bob Bell:** No.

**M<sup>me</sup> France Gélinas:** Okay. So the Ambulance Act is not up for review or being discussed right now or being worked on?

**Hon. Eric Hoskins:** Just as I have had a number of conversations with paramedics and their associations—and you've asked the question, so you're obviously well aware that there are discussions under way, including with representatives of our firefighters, to look at ways to enhance the delivery of care. Any such proposal, we examine through the lens of patient care and quality of care, including any proposal that might come from firefighters with regard to an enhancement of the services that may be provided through their service delivery model.

**M<sup>me</sup> France Gélinas:** So when you say you look at it through the view of patient care and quality of care, who are the people who are looking at this, and how involved is their work?

**Hon. Eric Hoskins:** The ministry, of course, and the deputy may be able to provide more specifics of precisely within the ministry. But certainly, if any consideration were to be given ultimately to this proposal, it would be following the benefit of an extensive consultation



basically with all stakeholders that may be impacted one way or the other by this, including our paramedics, for example, but also municipalities, obviously, would be impacted in addition. That would be the process.

But in terms of specifically within the ministry, I don't know if the deputy has—

**Dr. Bob Bell:** Yes, I can just summarize. We've coordinated a review to evaluate and assess the implications of enhancing services the minister has described. It obviously has interministerial implications, and we're in consultation with the Ministry of Community Safety, the Ministry of Labour, and the Ministry of Municipal Affairs and Housing crucially.

Some of the considerations being discussed, while developing options, are initial and ongoing cost, capacity in the field, labour relations and the operational impact.

Of course, AMO is very interested in this—consultations with them. We're committed to co-operating with the municipalities and consulting through the signed agreements that we have with AMO when considering any new legislation and regulation that could have a municipal impact. I think it's fair to say that this is purely at the consultative phase at this point, Ms. Gélinas.

**M<sup>me</sup> France Gélinas:** Okay. Thank you. How much time do I have?

**The Chair (Ms. Cheri DiNovo):** Six minutes.

**M<sup>me</sup> France Gélinas:** Six minutes. Okay. I will try that one in six minutes or less and see what happens.

You all know that on September 15 last year we got a freedom of access to information that looked at the acute bed occupancy rate. I can read some of them into the record, if you want. Lennox and Addington County General Hospital was at 103%, 103%, 109%, 115%, 104% occupancy. Peterborough regional hospital: 104%, 107%. We have Blind River at 120%, 127%; they presently sit at 122% occupancy. Should I keep on or do you get the idea of where I'm going? We have Toronto Rouge Valley, the Ajax and Pickering hospital site, 109%, 115%, 118% occupancy; Belleville Quinte Healthcare Corp., Bancroft North Hastings site, at 112%, 114%, 103%, presently at 100% occupancy.

My question really has to do with, when the freedom of access of information came back—and I'm quoting from it: "Please be advised that the ministry does not have standards, guidelines, policies or best practices with respect to hospital bed occupancy as it relates to hospital operations. You may wish to contact each hospital regarding their standards, guidelines, policies or best practices with respect to hospital bed occupancy. We also know that many other jurisdictions do have standards, guidelines and policies regarding best practices of hospital bed occupancy."

I was wondering why we don't.

**Hon. Eric Hoskins:** Go ahead—oh, why we don't?

**M<sup>me</sup> France Gélinas:** Yes.

**Hon. Eric Hoskins:** I think, as you can appreciate, the occupancy rates of hospitals across the province, the vast majority of which have been maintained at less than 100%—there is a portion which in fact has been de-

creasing over the last several years, but there is a small proportion that has, at a point in time, touched or exceeded 100%. To give you an example, I think there were four that were referenced in the Globe and Mail article, and two of those four have dropped below 100% subsequent to that article.

There's also seasonal variation, and I think I've spoken to this issue, where particularly the reference point that the Globe and Mail used was the last fiscal year or the first three months of this calendar year, which typically often see capacity issues because of the nature of the illness that Ontarians tend to experience in the winter months.

That being said, we also have seen in recent years an increase in the number of acute care beds in hospitals across the province. I know your question was—and perhaps the deputy might be able to speak to this. But with regard to standards or policies with regard to capacities, and of course, as you know, hospitals are independent corporations but we monitor very closely, and our expectation is that the quality of care and the outcomes that Ontarians would expect to see and receive are achieved. In fact, when you look at the hospitals in question that have been referenced or that you referenced yourself—and I've got examples that demonstrate the outcomes we would expect to see, that demonstrate and reflect that a high quality of care is being achieved by those same hospitals.

Deputy, I don't know if you have anything to add in particular to that or not.

**Dr. Bob Bell:** If I may, Minister. The number of acute care beds in Ontario over the last three years has increased by almost 5%. The thing to remember, as someone who used to run a hospital, is that what we're talking about is the midnight census for bed occupancy. That's the standard that we use and that CIHI uses. What sometimes accounts for hospitals having over 100% occupancy is that patients are seen during the late afternoon, early evening and will require admission to hospital. They are receiving excellent care within the emergency department, and a bed is not yet available. We measure these times very, very carefully. And what happens is, the next morning when the patients are discharged, new patients are admitted for elective surgery and the patients who are admitted to the emergency department move into those beds. But for a period of time the hospital is over 100% occupancy and—

**M<sup>me</sup> France Gélinas:** But, Deputy, you know that this is not true. I'm from Sudbury. You can go to the north tower, fourth floor, and what used to be a beautiful sunroom is now a room for six patients, and it's packed all the time. I had the unpleasant experience of walking by this beautiful sunroom and seeing somebody on a commode. I don't think this is good patient care. They're stuck in there, there's no bathroom and there's nowhere else to put them because our hospital is at overcapacity.

**1720**

I know that sometimes the statistics do things, but I also visit a lot of hospitals, and I've seen a lot of hos-

pitals try to put patients anywhere they can because they're at overcapacity. I know that it is important to you because you keep track of it, because you were happy to tell me that for some of them, it has gone down. So you know that it's bad when it's over 100%; otherwise, you wouldn't be proud to tell me that the number has gone down.

We have standards, guidelines and policies on everything. We have a standard as to the temperature of the soup in our long-term-care homes, but we don't have a standard as to occupancy rates in our hospitals?

**The Chair (Ms. Cheri DiNovo):** I'm afraid, Madame Gélinas, time is up. Thank you.

We're now going to move to the government side. Mr. Fraser.

**Mr. John Fraser:** Thanks again. I promise you there will be no more peas analogies. I won't drift off there again. But I do have to say that one of my colleagues, MPP Verniere, said—no, she told me this is the truth—that she got her kids to eat their peas by threatening to sing the pea song, and the pea song is, All We're Saying Is, Give Peas a Chance.

*Laughter.*

**Ms. France Gélinas:** We'll have to get you a T-shirt for that.

**Mr. John Fraser:** I know; there we go. Yes, I bought the T-shirt.

My question is about outcomes. I know that we have the Excellent Care for All Act, which puts patients first by strengthening the health care sector's organizational focus and accountability to deliver high-quality patient care. It helps define quality, it reinforces a shared responsibility around quality of care and it helps support boards' capability to oversee the delivery of high quality care.

I want to go back to shared responsibility because in my riding of Ottawa South we have the Ottawa Hospital, which has a fairly vigorous continuous improvement program. They've put a focus on a number—and they've been working on it for quite some time. They've been having some success, and I'm pretty proud of the fact that that's happening in my riding.

But we do know that it's a challenge across the health care system to ensure quality in outcomes. I had the opportunity on a break week to read The Checklist Manifesto, which I'm sure a number of you are familiar with. The premise is that we have all these great medicines, we have great practitioners, we have hyper-specialization, we have great drugs, we have great facilities, and yet we still can't get it quite right. There are still things like infection rates and outcomes that are not quite there. I think that as we're investing a lot of money in health care, it's important for us, as we do through the Excellent Care for All Act, to put a focus on trying to ensure that we have a quality of care, that we are meeting the expectations for outcomes, that the rates of outcomes are better and that the incidences of errors or poor quality are diminished.

My question really is around the Excellent Care for All Act and the goal of that legislation—but also Health Quality Ontario was established around the same time, and it obviously has had an impact on that public reporting. I think it's very important that those things are visible, that people see what their health care providers and their institutions are doing to ensure that they get the kind of quality of care they expect and that there is indeed a shared responsibility of all those people practising and working in the system to ensure quality.

Can you just give us an overview of the ministry's work and Health Quality Ontario and how it's impacting getting better results here in Ontario?

**Hon. Eric Hoskins:** Thank you. I appreciate you raising this very important question. I think, for all of us, the highest priority of a society, and certainly the government within it, is to ensure the provision of the highest-quality care and for Ontarians to be able to have the assurance that when they intersect with the health care system, their experience is one that elevates and provides them with that highest quality of care.

HQO, Health Quality Ontario—which, I think it's fair to say, has proved its value over the short period of time that it has been in existence in this province—in many, many ways, effectively informs and advises the health care system on how it can improve, and how not only to measure outcomes and measure quality, and make that publicly available, but to do it in a fashion which is very specifically geared to assisting those who are charged with improving the health care system—that we have the data and expert advice that we need to be able to make those positive changes.

I invited Melissa Farrell up here once, to deepen the discussion on bundled care. I think that I'll ask her as well to talk a bit more specifically about the important work that Health Quality Ontario has done and is doing in this province.

**Ms. Melissa Farrell:** Thanks. I'm very excited to be here to talk about the quality agenda. I guess I'll start off first, though, just by talking about the implementation of the Excellent Care for All Act, which was landmark legislation that laid the foundation for health care quality in Ontario. I'm really excited to talk to you about that, and HQO's work too.

That act articulated a high-quality health care system, which is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient-centred, population-health-focused and safe. It put in place a series of levers, requirements and capacity-building structures—which I'll talk about in a moment—to enable and strengthen the health care sector's organizational focus as well as accountability for delivering high-quality patient care. So ECFAA really made a commitment to patient-centred care.

We feel like the minister has taken this commitment even further, through Patients First, which outlines a strategy for putting Ontario patients first by improving health care experiences. Specifically, it articulates a commitment to not only providing better and faster



access to quality health services, but also protecting health care services for generations to come.

The quality agenda has been further strengthened recently through the creation of Ontario's first Patient Ombudsman. The creation of the Patient Ombudsman was also a key element of Patients First. Through the recruitment process, which involved public consultation, Christine Elliott has been selected to fill this role for a term of five years. Once in place, the Patient Ombudsman and her office will help meet the needs of current and former patients of hospitals; clients of community care access centres; and long-term-care home residents and their caregivers who have not had their concerns resolved through existing complaints mechanisms.

She'll also be able to investigate a health sector organization on her own initiative, make recommendations to a health sector organization that is the subject of an investigation, and then, of course, report to the minister on her activities and recommendations annually, as well as to local health integration networks as appropriate.

That's the foundation in terms of ECFAA, and part of what we've recently made changes to in terms of ECFAA, related to the Patient Ombudsman.

I do want to talk to you, though, about Health Quality Ontario.

One of the key results of ECFAA was the expanded mandate for Health Quality Ontario, which is the operational name for the Ontario health quality council. Its statutory mandate was expanded under the Excellent Care for All Act on April 11, when several previously provincial-funded programs were consolidated to enable HQO to fulfill its new statutory mandate. It's a crown agency, accountable to the Ministry of Health, whose primary responsibility is to monitor and report to Ontarians on the quality of the province's health system, to encourage continuous quality improvement and to promote health care that is supported by the best available scientific evidence. HQO's legislative mandate is really within those three functions: reporting to the public, supporting quality improvement and making evidence-based funding recommendations to the minister on health care services and medical devices and recommendations to the field on standards of care.

1730

As of recently, through the passage of the Public Sector and MPP Accountability and Transparency Act in 2014, HQO's mandate was further expanded to include the following, yet to be proclaimed, which is patient relations—monitoring and reporting on the performance of health sector organizations with respect to patient relations; the promotion of enhanced patient relations in health sector organizations through the development of patient relation performance indicators and benchmarks for health sector organizations; and providing quality improvement supports and resources for health sector organizations with respect to patient relations. Really, those elements were included to support the Patient Ombudsman, because this will be a key element for her.

HQO is also providing support to the Patient Ombudsman in carrying out her functions, so they're providing the back-office supports for the Patient Ombudsman.

HQO is really executing its mandate so that it can deliver a better experience of care, better outcomes for Ontarians and better value for money.

A few examples of some of the great work that HQO is doing that I'd like to highlight for you: They're working with partners to develop a strong culture of continuous quality improvement, for example, through the Improving and Driving Excellence Across Sectors—it's called the IDEAS program, a catchy name. IDEAS is an Ontario-made quality improvement, change management and leadership training program that has been created in Ontario. The IDEAS program brings together the best components of the improvement, knowledge and learning programs from Ontario, Canada and other international jurisdictions, like IHI in the US. It's one cohesive and comprehensive program delivered in a way that is readily accessible to the clinical and administrative workforce from the boardroom to the front line across all sectors, disciplines and institutional levels to yield better quality care for patients.

Since its launch in 2013, over 2,000 learners have participated in this very unique program. These learners have been supported with specialized training and resources on quality improvement, and they implement a quality improvement initiative within their organization, in their local care setting. Over 100 projects have been implemented across these learners since 2013, really focused on system priorities such as quality-based procedures, and many of them have actually been focused on the implementation of health links.

HQO also reports—and you had mentioned this—publicly on health system performance. Transparency, when used appropriately and responsibly, really is one of the greatest tools we have to enhance performance and patient safety. HQO releases a yearly report on how Ontarians' health care system is performing, titled *Measuring Up*. This report is required under ECFAA and tabled each year in the Legislature.

HQO also reports in an in-depth manner through a series of theme reports that they started in the past few years. HQO has six reports on priority topics, such as caregiver distress, health equity and antipsychotic prescribing. HQO's website also includes a series of sector-based reports and sector-based performance indicators. For example, they have some for long-term care, primary care, home and community care, as well as patient safety.

As a foundation for the reporting activity, HQO uses something called the common quality agenda, all of which is available on their website. The common quality agenda really sets out key performance indicators selected in collaboration with health system partners and patients and aims to focus the system on priority areas for each of the quality improvement activities within sectors. It provides a comprehensive picture of measures across a number of domains, all those domains that I started with when we were initially talking about quality, so access



etc. It includes indicators related to performance of a specific sector, and I'll just give you some examples: for primary care, same-day or next-day access; for hospital care, ED length of stay; for home care, caregiver distress; for mental health, readmission rates; for long-term care, waiting for a bed. It also includes system integration measures, which are also quite important, such as alternate-level-of-care rates in hospitals. The common quality agenda also includes broader categories such as health status, like life expectancy; health workforce, such as the number of health professionals; and health spending, such as expenditure per capita.

In addition to that, HQO also promotes health care that is supported by the best available scientific evidence. Since it was created, HQO has made over 75 recommendations to the minister and system on evidence-based care, delivery and service provision. This work has really taken many forms, including the development of our clinical handbooks that we use for our QBPs, five of which have translated into ministry-funded, quality-based procedures in COPD, in stroke, and in hip and knee surgery, for example.

Dozens more recommendations have been accepted by the minister—and informed funding and service delivery changes, such as changes to the schedule of benefits to reflect best available evidence for a given test or procedure. Key examples include new funding for epilepsy surgery and changes to the OHIP schedule of benefits to reflect appropriate preoperative testing and annual health exams—all very important.

Another critical lever, though, that came out of ECFA—and this one is worth spending some time on—is the development of standardized quality improvement plans. A quality improvement plan is a formal, documented set of quality commitments that a health care organization makes to its patients, clients, residents, staff and community on an annual basis to improve quality through focused targets and actions.

Hospitals were the first sector to complete quality improvement plans, and in fact, they're required under the Excellent Care for All Act to do so. But since then, the ministry has expanded the requirement to include all long-term-care homes, all community care access centres and all interprofessional primary health care teams like community health centres and family health teams, for example.

As of this past April—we are incredibly proud of this—more than 1,000 different organizations—it is truly more than 1,000 organizations—are developing quality improvement plans. They've made them publicly available to patients, families and their communities and they've submitted them to Health Quality Ontario for analysis and ongoing learning.

This covered over 140 hospitals; over 600 long-term care homes; over 280 primary health care groups; and over 14 CCACs. HQO has also supported—and this is more recent, as of this year versus previous years—integrated views of system planning. On April 1 of this year, when the quality improvement plans were sub-

mitted, 22 integrated quality improvement plans were submitted to HQO. These were sent from leading organizations that are working across—based on those transitions we were talking about earlier, so, working across together—to plan for integrated, high-quality care in their local system.

So quality improvement plans really are a critical lever for focusing organizations on improving quality and really just one example of how the ministry, HQO and the sectors are really working together to embed the quality culture at the system level.

**Mr. John Fraser:** Great. How much time, Chair?

**The Chair (Ms. Cheri DiNovo):** We have about two and half minutes.

**Mr. John Fraser:** About two and half minutes. Okay. I've got a few more questions than that, but I'll just start. The Patient Ombudsman: When do we anticipate that, and when do we anticipate the measures around patient relations?

**Ms. Melissa Farrell:** The public commitment that was made when Christine was announced as the Patient Ombudsman in December was that it was this summer, around July.

**Mr. John Fraser:** That's what I thought. I just wanted to be reminded of that. Around—

**Ms. Melissa Farrell:** Patient relations reporting?

**Mr. John Fraser:** Yes. That would be—

**Ms. Melissa Farrell:** That will be shortly after. You got it.

**Mr. John Fraser:** The quality improvement plans are institution-specific. So just for my own edification, are they under broad categories where there are certain measures they have to look at? Or do they look at their own institution uniquely and say, "Here are what the expectations are. Here are what the challenges are"?

**Ms. Melissa Farrell:** HQO provides guidance to organizations in terms of core indicators that they should be considering when it comes to their quality improvement plans. Then each organization has the opportunity to select additional indicators or additional areas of focus.

1740

**Dr. Bob Bell:** Maybe I can explain. From a big-hospital perspective, this has totally changed the culture of care and really changed the governance of quality in the hospital, in that the management of a hospital consults with its clinical staff as to where the problems are that need to be worked on for the next year and works with the medical advisory committee in developing a program that will look at the appropriate metrics and the projects that will be undertaken. Then they have to bring that for both MAC approval—Medical Advisory Committee—but also for the quality committee of the board and for board approval.

When it was first started, the board was surprised that they were being asked to approve something that came through the Medical Advisory Committee but, with smart governance, very rapidly figured out that if they were going to do this every year, if they asked the same question every year, they would see whether there was

improvement in the metrics being analyzed. So it has really got the board quality committee's—

**The Chair (Ms. Cheri DiNovo):** I'm afraid that is the time. We are now moving to the official opposition: Mr. Harris?

**Mr. Michael Harris:** Minister, you brought up the pCPA. I imagine, Ms. McGurn, you'll want to come up here and help fill in for some of the questions that I have.

But you mentioned the pCPA. Some suggest that this is a very bureaucratic organization that has been set up. There's really no transparency, little oversight, and the timelines are not clear whatsoever.

As of April 30, there are 23 negotiations currently under way at the pCPA. Can you explain how this process works? How do you prioritize negotiations within the pCPA?

**Hon. Eric Hoskins:** I think you're right in your suggestion that Suzanne will shortly be making her way up here.

But I can say that since, or as of—I think it's now well over 100 joint agreements that have been successfully concluded by the pCPA. The savings nationally, including to the province, amount to hundreds of millions of dollars per annum. Being able to negotiate on a national basis, and bringing the federal government in—they announced earlier this year that they would be joining the pCPA, as Quebec did, prior to that, as well—really does give us a degree of leverage and ability to negotiate the best possible prices.

But also, it's much more than just bulk purchasing and the potential for that, the pricing. It's also about a more streamlined process, which Suzanne can speak to, which enables us to make the right decisions in an appropriate fashion and, hopefully, on a national basis, based on science and clinical evidence.

**Dr. Bob Bell:** Before Suzanne starts, I want to mention that Ontario is proud to host the secretariat for the pan-Canadian Pharmaceutical Alliance. Suzanne has provided tremendous leadership to this.

As somebody who has looked at pharmaceutical pricing for a long time, the negotiations would go much more quickly if pharmaceutical companies were willing to bring their prices to levels that were reflective of what we consider value is, based on advice we receive from organizations like CADTH, that evaluate evidence with respect to cost-effectiveness. The process of negotiations is one that we think is very important for Canadian taxpayers and Canadian patients, to assure that value is being received.

**Mr. Michael Harris:** I guess my question was, there are 23 negotiations currently under way. How do you prioritize negotiations?

**Dr. Bob Bell:** Suzanne has got the details—

**Mr. Michael Harris:** We've got about 19 minutes, and I've got a lot to get out, so I'm going to—

*Interjections.*

**Mr. Michael Harris:** Less than 19 minutes. Okay.

**Ms. Suzanne McGurn:** Suzanne McGurn. I'm the executive officer and ADM for the Ontario public drugs program.

Your question is very timely. I think it's important to recognize that the pCPA is an emerging and a maturing organization. Up until the fall of 2014, this was a voluntary collaborative between the provinces. It wasn't until late in 2014 that there was a commitment by the province to formalize it and move into a more permanent structure, and part of that permanent structure was the establishment of the pCPA office. It's important to recognize that those additional individuals have come on as recently as this fall and earlier this calendar year—

**Mr. Michael Harris:** What is it—about five staff?

**Ms. Suzanne McGurn:** Five staff in the office. There's an important context to your question about the current negotiations. Probably if you'd been having this conversation 18 months ago, you would have been commenting about a queue at the organization that does the evidence-based reviews at CADTH. Significant effort was put forward over the last number of months at CADTH to be able to add capacity and move products through their queue, as well. We are now at that bulge, for lack of a better term, moving out of the CADTH organization and into pCPA for active negotiations.

Moving on to how we prioritize, it's not quite as simple as that. The question previously was always that there has been a considered approach of "first in the door, first out." As we've been working collectively together to achieve the pan-Canadian objectives, which were increasing access and increasing consistency while driving down prices, we have determined that there are strategic opportunities for us to do business differently, and we are learning through some of those opportunities right now.

Certainly where we are focusing our time now is that we'll be meeting very imminently with pCPA colleagues to have conversations to talk about how we define that prioritization, how we make sure that not just the manufacturers but also patient groups understand how we make choices.

An example perhaps could be in the hepatitis C space. A product that might have been prioritized a year ago because it was the first product in a space for a disease that was potentially curative would be very different than a product that is now perhaps the third, fourth or fifth product coming into the space; you may want to take a more strategic negotiating opportunity.

We've had our first entries of subsequent-entry biologics or biosimilars. Those products bring significant value to provinces based on the European experience, so our historical approach—first in the door, first out—perhaps doesn't work anymore when we have some of these very value-added products in the system. Again, there are products that are in spaces where there are clinical gaps or there is availability of alternative products for patients, or they may already have alternatives. But we have not yet been able to actually articulate in a formal way what those prioritization criteria are.

**Mr. Michael Harris:** You mentioned the biosimilars. Are they getting preference or prioritization over others?



I guess there have been some concerns that the legacy products on here don't have the ability to renegotiate in the marketplace. I'm curious as to why the government would choose not to sit down and negotiate with some of those folks, be it that there's a loss of substantial rebates back to the government. Do they feel that the biosimilars will likely, on a year-to-year—you know, I guess I'm curious on that.

**Hon. Eric Hoskins:** If you'll allow me to jump in on biosimilars, as well: I would argue that the brands that—and is it one or is it more than one? I think just one biosimilar has been approved in Ontario.

**Mr. Michael Harris:** Yes.

**Ms. Suzanne McGurn:** We have two now, and another is—

**Hon. Eric Hoskins:** We have two now and another on its way. The brands that have been affected had ample time, I think, to offer a price. For them to wait until a generic was made available at a substantially reduced price and then suggest that they could meet that price suggests to the government and the ministry that the amount that they were asking us for as a brand was excessive.

**Mr. Michael Harris:** On that note, and it just was coincidental you brought that up on the biosimilars, does the government have an actual plan to take people off of the existing drugs and put them on the biosimilar? Will they be transitioning arbitrarily to that?

1750

**Hon. Eric Hoskins:** Suzanne will speak to this in detail, but one thing that we believe is extremely important is to review the scientific evidence with regard to biosimilars. There's a great deal of discussion and debate out there in terms of the issue. That being said, we do—

**Mr. Michael Harris:** Was that a maybe or a no or—

**Hon. Eric Hoskins:** No. So for the one that—I know Suzanne may be able to talk about the second one as well. For the first biosimilar, which was perhaps the one that got the most attention because it was the first in the province, I know that there were specific indications and conditions that were brought into place and that Suzanne can talk to which address specifically the issue.

**Mr. Michael Harris:** I was just curious if there are actually plans to actually take folks that are on the non-biosimilar for treatment and move them to the biosimilar arbitrarily.

**Hon. Eric Hoskins:** No. That, specifically, is not being considered for—

**Mr. Michael Harris:** All right. Back to the negotiation process, because there has been a lot of concern that pCPA is just another level of bureaucracy—it's a third level, perhaps—and that it's just a black hole that they sit in. We're seeing a significant delay in some of these products going through negotiations and getting final approval. What would you say to that?

**Ms. Suzanne McGurn:** Thank you very much for the question and to give the opportunity to clarify a couple of your comments. Again, I don't have the statistics in front of me, but the volume of products that is coming through

over the last five years is growing. So what might have been a handful of products five years ago, where the industry may have expected an answer within a few weeks to a month of product moving through, there are much more deliberate and strategic conversations about getting greater value from the negotiations. That is a collaborative effort across the country that does require time and effort to be able to be more strategic to get that value out.

**Mr. Michael Harris:** Does Ontario actually sign agreements, or will they sign agreements with manufacturers outside of the pCPA?

**Ms. Suzanne McGurn:** When products are brought forward, the first pass is with regard to whether there will be a pCPA negotiation. There are three potential outcomes for that conversation. The rarest is that we will not proceed to negotiate at all. The most common is that we proceed to negotiate as a collective, with often most of the provinces in, but sometimes one or two out. In those circumstances, where someone chooses not to participate in a pCPA negotiation, the principal rule is that you cannot go out and negotiate separately. That is inconsistent.

There are circumstances—and I would give an example. I believe there were new indications for a product, such as Botox, in a particular clinical indication related to bladder circumstances. There were already sufficient numbers of contracts in other provinces that were highly variable that it was determined in that circumstance, if I've recalled my drug correctly—it was determined that in that case, the provinces would negotiate individually based on their previous circumstances. But the vast majority are together, and you are obligated not to proceed with a separate negotiation.

**Mr. Michael Harris:** So does the pCPA establish criteria in terms of what needs to be met for the patient to access some of these drugs?

**Ms. Suzanne McGurn:** Again, building on the comments that the minister made, when we receive information that comes through the evidence-based review through CEDAC, the Canadian advisory committee for drugs and health technology, often those reviews do come with very specific information included in them about where the evidence does demonstrate sufficient strength that we should consider funding it. Often it indicates that there are areas where there is lack of evidence.

Additionally, when we are proceeding to negotiations, we do have the value of input of a number of clinicians who work with us, from a variety of ranges of organizations; for example, in Ontario, historically we have used our Committee to Evaluate Drugs as well as individual clinical experts in the field. So when products are brought on, particularly products that are very complex with evidence that is good for some and highly uncertain for others, we do list the funding criteria with very specific clinical criteria.

**Mr. Michael Harris:** Okay. So we may come back to this another time, because we could go on forever with this.



A couple of things before we leave for the day: Minister, word has it that there may be about eight cardiac centres across the province that had approached the province mid-way through their fiscal year about some of their procedures that they had basically maxed out on. The government had made a commitment then to make them whole, perhaps at the end of the year. The fiscal year ends March 31. They report June 9. Can you tell me if you are aware of any cardiac centres in the province that will in fact run a deficit?

**Dr. Bob Bell:** The starting point is that most of the cardiac centres' budgets are within general hospital budgets. The only one outside of that is the Ottawa heart institute. So in answer to your question, the Ottawa heart institute, I believe, had a balanced position, as far as we know, for 2015-16, and we're anticipating the same in 2016-17. Other cardiac centres' budgets are consolidated within hospitals.

The usual issue that comes up relates to volume management and volume attributions. For most cardiac procedures, we work on a volume base, do the case, and the funding is provided. We start off with an estimate of what hospitals will be undertaking for that year. We review that estimate at Q2 and in some cases increase the volumes, in some cases decrease the funding because they aren't meeting their volumes. That's the kind of discussion that occurs mid-year.

I'm waiting for Lynn Guerriero to come up here, who manages the Cardiac Care Network on behalf of provincial programs. The Cardiac Care Network is engaged in a fulsome, transparent capacity planning exercise with all hospitals doing cardiac.

Minister, would you like Lynn to comment on that?

**Hon. Eric Hoskins:** Of course, yes. Sure.

**Ms. Lynn Guerriero:** Hi. It's Lynn Guerriero. I'm the assistant deputy minister for negotiations and accountability management.

First, I'll just add to what the deputy was saying in that for the most part, cardiac procedures are done out of a hospital's global budget. Where there are specific complex cardiac procedures that perhaps are done at a smaller volume, we do fund those procedures provincially out of the provincial programs branch at the Ministry of Health.

It's fair to say that last year—you're correct—there were some hospitals that struggled with maintaining within their funding envelope with respect to the volumes that they had originally been allocated. We did some reallocations throughout 2015-16. We moved some volumes around. Hospitals that went above their volumes were made whole by the end of the year to compensate them for those procedures.

**Mr. Michael Harris:** So all of them by March 31? They would have known by now if they had been—

**Ms. Lynn Guerriero:** Correct.

**Mr. Michael Harris:** That's all been rectified. Will or do you know, Minister, if any hospitals throughout the

province will post a deficit when they report on June 9? I guess they can't, but they will. I'm assuming you'd know by now, right?

**Hon. Eric Hoskins:** Yes. I think that that's a possibility—

**Ms. Lynn Guerriero:** Wrong. We don't know.

**Hon. Eric Hoskins:** We don't. So we don't know whether that is the case or not, but just sort of combining the two pieces that the deputy said about the regular interim review that we do looking at volumes based on their allocated volumes and their actuals to see if we need to step in with additional support, or less if they're doing fewer volumes, plus combined with the comment about how the Cardiac Care Network is currently evaluating every facility where cardiac surgery is undertaken—

**The Chair (Ms. Cheri DiNovo):** Mr. Harris, you have under two minutes.

**Hon. Eric Hoskins:**—and doing capacity planning to look at the distribution of volumes and what the requirements are—

**Mr. Michael Harris:** So the CCN, is it? CCN?

**Hon. Eric Hoskins:** Yes.

**Mr. Michael Harris:** Do you have the ability to provide wait-lists for cardiac procedures across the province in the cardiac centres? Those wait-lists would be available—

**Hon. Eric Hoskins:** They're publicly available.

**Mr. Michael Harris:** Publicly available, the wait-lists for cardiac procedures?

**Ms. Lynn Guerriero:** Yes, on the public website with respect to wait times.

**Dr. Bob Bell:** Surgical wait times are virtually all online, so cardiac surgery wait times—most of them are online except for very rare procedures. The more medical aspect of, for example, cardiac care for congestive heart failure doesn't really have a wait time.

**Mr. Michael Harris:** ICDs: Would they be posted online?

**Dr. Bob Bell:** Yes, I believe ICDs are posted.

**Mr. Michael Harris:** Wait times?

**Dr. Bob Bell:** Yes.

**Mr. Michael Harris:** Okay.

**Dr. Bob Bell:** There are a couple of different indications for intra-cardiac defibrillators. I can't remember if they're posted with each of those indications separately or whether they're a harmonized wait time.

**Mr. Michael Harris:** Pacemakers etc. are all posted online?

**Dr. Bob Bell:** I can't remember. Pacemakers?

**Ms. Lynn Guerriero:** I don't know if they're individually broken out to that level, but the cardiac procedures themselves are posted online.

**The Chair (Ms. Cheri DiNovo):** I'm afraid that is time.

We stand adjourned until next Tuesday at 9 a.m.

*The committee adjourned at 1800.*









## CONTENTS

Wednesday 1 June 2016

Ministry of Health and Long-Term Care.....	E-979
Hon. Eric Hoskins	
Dr. Bob Bell	
Ms. Denise Cole	
Ms. Suzanne McGurn	
Ms. Melissa Farrell	
Ms. Nancy Naylor	
Ms. Lynn Guerriero	

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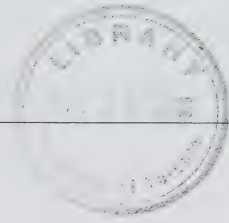
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E-46

E-46

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**Assemblée législative  
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Première session, 41<sup>e</sup> législature

# **Official Report of Debates (Hansard)**

**Tuesday 7 June 2016**

# **Journal des débats (Hansard)**

**Mardi 7 juin 2016**

**Standing Committee on  
Estimates**

**Ministry of Health  
and Long-Term Care**

**Comité permanent des  
budgets des dépenses**

**Ministère de la Santé  
et des Soins de longue durée**

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## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATES

Tuesday 7 June 2016

COMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Mardi 7 juin 2016

*The committee met at 0902 in room 151.***The Clerk of the Committee (Mr. Eric Rennie):**

Good morning, everyone. As the Clerk of the Committee, it is my duty to inform you that neither the Chair nor the Vice-Chair are here this morning, so we'll be needing to elect an Acting Chair for the day. I remind members that, pursuant to standing order 117(b), the Chair of the Standing Committee on Estimates shall be a member of a recognized party in opposition to the government.

Are there any nominations for Acting Chair? Mr. Harris.

**Mr. Michael Harris:** I'd like to nominate Michael Mantha.

**The Clerk of the Committee (Mr. Eric Rennie):**

Does Mr. Mantha accept the nomination?

**Mr. Michael Mantha:** I accept.

**The Clerk of the Committee (Mr. Eric Rennie):**

Are there any further nominations? Seeing none, Mr. Mantha is elected Acting Chair. Mr. Mantha, could you please come to assume the chair?

MINISTRY OF HEALTH  
AND LONG-TERM CARE

**The Acting Chair (Mr. Michael Mantha):** Good morning, everyone. With no Vice-Chair or Chair, you have it a little bit better: You have me.

We are here today to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of six hours and 30 minutes remaining. Before we resume consideration of the estimates, if there are any inquiries from the previous meetings that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions.

Are there any items, Minister? Having heard none, when the committee adjourned on June 1, the official opposition had one minute and 10 seconds left in their round of questions. Mr. Harris, the floor is yours.

**Mr. Michael Harris:** All right, great. Minister, Deputy, good morning. Minister, I have over 600 postcards signed by the Scleroderma Society of Canada. I'll read it out to you.

"To the minister:

"On behalf of those living with scleroderma and pulmonary arterial hypertension in Ontario, I'm writing

you to ask that you disregard the flawed CADTH and CDR recommendations that limit access to PAH treatments and ensure that:

"(1) Expert physicians are able to determine which medication is best for each PAH patient, both as initial and subsequent treatments during careful follow-up; and

"(2) All PAH patients have immediate, publicly funded access to all Health Canada-approved PAH medication.

"Now is the time to put those words into action as lives are at risk. Thank you."

I'll send them over. Minister, how would you like to respond to that?

**Hon. Eric Hoskins:** I'd like to thank you for the petitions, first of all. I know that our ministry has been working on the issue of pulmonary arterial hypertension for quite some time, including not just clinical experts but with advocates and those who represent individuals in this province afflicted with PAH. I am obviously familiar with some of the challenges that we're facing. In the absence of—

**The Acting Chair (Mr. Michael Mantha):** Thank you, Minister.

We will move on to France Gélinas of the third party.

**M<sup>me</sup> France Gélinas:** I would like to focus on First Nations health, starting with—I'm not sure if it's the associate minister or you, Minister Hoskins. I questioned you, at the beginning of estimates, about the 96 long-term-care bed additions to Meno Ya Win health centre. They had made a very good case. But then, in the same week that I asked those questions, Minister Hoskins, you made an announcement of \$220 million for First Nations health, and you announced 11 flex beds at Meno Ya Win health centre. Is this to take the place of the 96 long-term-care beds that they had been requesting?

**Hon. Dipika Damerla:** I'm happy to take that question.

Thank you, MPP Gélinas, for the question as well as your ongoing advocacy. I know you asked this question at the beginning of the session as well.

The answer is that the 11 flex beds are a short-term measure. We know that they have put forward, obviously, an application for 96 long-term-care beds. The conversation we've been having with the leadership—both at the municipal level with hospital officials as well as the First Nations—is, "Let's take a look at all of the needs that you have, the continuum of care that you need." Long-term care is one piece of the eldercare that



the Sioux Lookout area needs. We're working with them now. We're giving them these 11 flex beds. It's just the first step. But now let's look at: What is the best solution for the eldercare needs? We're not fixated on one answer. We're fixated on what's the best solution and working with them.

**M<sup>me</sup> France Gélinas:** When you say you are working, who is actively working with them?

**Hon. Dipika Damerla:** The ministry would be working with the LHIN, with the Meno Ya Win hospital leadership—which has, as you well know, strong leadership from the First Nations represented on the hospital board—and the First Nations health authority. So we would be working with all of the stakeholders.

**M<sup>me</sup> France Gélinas:** The North West LHIN has already endorsed the 96 long-term-care beds. They also have endorsed, in the \$220 million—you are investing more into home and community care, and investing in other parts. But all of this has all been talked about, discussed, analyzed—and come to resolutions from the North West LHIN, from the Nishnawbe Aski Nation, from the four-party agreement, from the health centre itself, from the municipality of Sioux Lookout, from the municipal/First Nation friendship accord, from the Kenora district. Locally, they've had those discussions. They've already come to the conclusion that a whole lot of extra services need to happen, and within those are the 96 beds. So how much more "looking at this" before money starts to flow?

**Hon. Dipika Damerla:** Money, for a starter, is starting to flow. As you can see, we made the overall announcement—as well as the 11 flex beds. As you can imagine, you can't bring 96 beds online right away, so the 11 beds is something that we really wanted to make happen. We worked very closely with all of the stakeholders to make it happen in a very short period of time, and we're very pleased with that.

What we are going forward with is a planning grant. That is the next step. As you know, once we get a submission from any stakeholder, we look at it and then we say, "Here's a planning grant." What's really important here, MPP Gélinas, is that the planning grant—we're saying to them, "Look at the long-term-care facility, but come back to us and say what else you need. What would that continuum of care look like for the Sioux Lookout area?" We want to—

**M<sup>me</sup> France Gélinas:** I want to hold you to your words here. You say "the long-term-care facility, plus what else," not "instead of."

**Hon. Dipika Damerla:** No. I think the right way to look at it is: "You have made a submission for a long-term-care facility. Here's a planning grant. Look at everything that you need. Once you look at everything that you need, maybe you're going to come back and say, 'We need 50 long-term-care beds, not 96, because we also want X, Y and Z.'"

0910

So all we're saying is, in principle, "We see you have a need. We have got a short-term solution. We have one

proposal from you. Here is a planning grant for you to look at in greater detail and come to us with a robust solution that looks at the continuum of care, because that is the lens we are looking at for the entire province."

For the entire province, as you know, we have moved from—

**M<sup>me</sup> France Gélinas:** Okay. I am interested, but my 20 minutes always end up being too short. I'm going to try to finish my sentence without having me be cut off this time.

I think, Minister, when you made the announcement, you talked about the hospital establishing long-term financial stability. Can I see any money attached to the statement that was made?

**Hon. Eric Hoskins:** Yes.

**M<sup>me</sup> France Gélinas:** And how much would that be?

**Dr. Bob Bell:** I didn't hear that. Sorry, could you—

**Hon. Eric Hoskins:** The stability of the hospital, and is there funding attached to providing that stability—and there is. Are we sure about that? I think we'll have to—

**M<sup>me</sup> France Gélinas:** There will be a whole bunch of questions for the \$220 million.

**Hon. Eric Hoskins:** Okay. So on that one, if we could defer it, and I just would like the ministry just to—if you could repeat the question, so it's fully understood?

**M<sup>me</sup> France Gélinas:** Okay. I'm trying to follow the money. Basically, some of it is the \$220 million you announced and some of it, I'm guessing, comes from announcements that I should be able to find in the estimates, but I'm asking for your help because I cannot find it.

The first one is a commitment from the province to help this hospital—we're talking about Meno Ya Win—establish longer-term financial stability.

**Hon. Eric Hoskins:** For WAHA.

**M<sup>me</sup> France Gélinas:** So we're looking for that. At the same time, you also made a statement that said you would increase physician services by 28%. I want to know: Is that for the Sioux Lookout zone?

**Hon. Eric Hoskins:** Yes.

**M<sup>me</sup> France Gélinas:** And you went on to say 2,641 days.

**Hon. Eric Hoskins:** Correct, 2,641 days.

**M<sup>me</sup> France Gélinas:** This is pretty precise, so I'm guessing there's pretty precise money attached to that.

Then you also talked about an interprofessional primary health care team in Sioux Lookout First Nations Health Authority.

**Hon. Eric Hoskins:** Correct.

**M<sup>me</sup> France Gélinas:** I'm interested in knowing how much money is attached to that.

You went on to say "support culturally appropriate interprofessional primary care teams for First Nations"—seven in the north, three in the south.

**Hon. Eric Hoskins:** Correct.

**M<sup>me</sup> France Gélinas:** My first question is: Are those AHAC or are they community health centres or are we talking about a new model, and how much money is attached to that?

**Dr. Bob Bell:** Maybe I could start off by saying—

**M<sup>me</sup> France Gélinas:** Sure.

**Dr. Bob Bell:** —that you won't find it in the estimates, of course, because this was a post-estimates announcement with response to the public health emergency in the northwest being developed post-budget.

For example, if I may, Minister, just the first question you asked about primary care services in the northwest: At Sioux Lookout, 2,641 days is the number that comprises a 28% increase and the number of days of primary care.

**M<sup>me</sup> France Gélinas:** But I'm interested in the money.

**Hon. Eric Hoskins:** So that further breakdown—I'm not sure if you included cultural competency training. That was the fourth.

**M<sup>me</sup> France Gélinas:** I was going to, but the deputy—

**Hon. Eric Hoskins:** So for the three that you identified and that fourth, the total funding over a three-year period is \$37.4 million. I don't have with me the specific breakdown of each of those four within that total of \$37.4 million, but that's something I'd be happy to discuss with the ministry, with my officials.

**M<sup>me</sup> France Gélinas:** I just want to make sure the four are the physician services, the interprofessional primary care for Sioux Lookout—

**Hon. Eric Hoskins:** Yes, Sioux Lookout First Nations Health Authority.

**M<sup>me</sup> France Gélinas:** —the seven AHACs, I'm guessing.

**Hon. Eric Hoskins:** So I can answer that question as well, but in a moment.

**M<sup>me</sup> France Gélinas:** Then, the competency training. So those are the four?

**Hon. Eric Hoskins:** Yes, so for the four of those, this fiscal \$9.4 million, next fiscal \$24.4 million—oh, in fact, what I had when I said \$37.4 million, that was the ongoing permanent beyond year three. Year three is \$38.4 million, and beyond year three, on an ongoing basis, will be \$37.4 million annually.

With regard to your question on the culturally appropriate interprofessional primary care teams—seven in the north, three in the south—we will be undertaking an engagement process with First Nations partners and front-line health care workers. It may include AHACs, but we will obviously be working with our partners to determine what the most appropriate construct, including localities, might be for each of these.

**M<sup>me</sup> France Gélinas:** Is the door open to community health centres or to nurse practitioner-led clinics, or to completely new interdisciplinary models that have yet to see the light of day?

**Hon. Eric Hoskins:** We are open to new models. I would say we've begun the engagement process, in fact. Our priority would be that they are culturally appropriate and that they serve the needs through the delivery of interprofessional services. So we're open, through the

discussions, to seeing what models might be most appropriate.

**M<sup>me</sup> France Gélinas:** Okay. Usually, they like AHACs; I'm just going to put that out.

But there is no extra funding within that announcement for existing AHACs? Some of them do serve the areas that are under emergency right now.

**Dr. Bob Bell:** The AHACs will benefit from the inter-professional team increased compensation.

**M<sup>me</sup> France Gélinas:** The \$85 million.

**Dr. Bob Bell:** Yes.

**M<sup>me</sup> France Gélinas:** Okay, but not through the \$220 million. Although they do serve people from remote First Nations, they would not take part in that.

**Dr. Bob Bell:** The funding is for the 10 incremental primary care resources that may very well be largely AHAC.

**Hon. Eric Hoskins:** But there are certainly other elements of the programs within the \$222 million, I think it is, which are province-wide—for example, the significant investment in diabetes—that they would potentially benefit from as well, of course.

**M<sup>me</sup> France Gélinas:** Okay. When I asked you about primary care before—new community health centres, new nurse practitioner-led clinics, new AHACs—you are on record from the estimates saying, “No.” Your answer was really short: that there would not be new AHACs, CHCs or nurse practitioner-led clinics. But through this announcement, we could see new AHACs, we could see new community health centres or we could see new nurse practitioner-led clinics?

**Hon. Eric Hoskins:** Yes.

**M<sup>me</sup> France Gélinas:** Okay.

**Hon. Eric Hoskins:** Then that answer was from last year, presumably?

**M<sup>me</sup> France Gélinas:** No, that was from the same week that you made the announcement. You were in estimates; that was before you went away.

But anyway, it doesn't matter. I like the new answer better than the old one.

**Hon. Eric Hoskins:** Oh. I'm going to suggest that I might have been responding in a general sense or perhaps to something else that was taking place, and not in reference to that aspect of your question.

**M<sup>me</sup> France Gélinas:** I won't argue with you, but I will send you the Hansard and you—

**Hon. Eric Hoskins:** No, but I think, as a matter of clarification—and one of my staff members has suggested that's her recollection: that it wasn't specific to that element of a question that you might have asked.

I would be surprised, actually, just on recollection, that I would have responded to such a question in such a fashion, given the announcement that—

**M<sup>me</sup> France Gélinas:** That was coming the same week?

**Hon. Eric Hoskins:** —was imminent.

**M<sup>me</sup> France Gélinas:** I will give it to whichever staff it is to look on Hansard, and you can see my question and you can see the answer. But I like the new answer way



better, so I'm going to hold you to the new answer, which means that CHCs, AHACs or nurse practitioner-led clinics could see expansion in that model of care if the First Nations so decide within the 10 that have been announced, seven in the north and three in south.

**Hon. Eric Hoskins:** In partnership with themselves, yes.

Then last, if you'll allow me, it's possible as well that my response was in advance of any cabinet decision with regard to the funding that we more recently announced, and so if I was in fact responding to your question, that might have been the reason why I expressed that no decision had been made.

**M<sup>me</sup> France Gélinas:** Okay; all good.

I'm moving into the announcement again, the \$220 million for First Nations, specifically for public health and health promotion. You talked about expanding the northern fruits and vegetables program up to the four remaining northern regions—I get that—and on-reserve schools in Sudbury. There are no on-reserve schools in Sudbury. Atikameksheng Anishnawbek goes to R.H. Murray, and Wahnapitae goes to C.R. Judd, which are very good schools, but they're not on-reserve. So who did you mean?

0920

**Hon. Eric Hoskins:** I have slightly more detail here, and I'm sure you will tell me if this explains the confusion. It would include First Nations on-reserve schools in the Sudbury region.

**M<sup>me</sup> France Gélinas:** Sudbury region, okay.

**Le Président suppléant (M. Michael Mantha):** Madame Gélinas, il vous demeure cinq minutes.

**M<sup>me</sup> France Gélinas:** Il me reste cinq minutes.

**Hon. Eric Hoskins:** You're correct in the sense that it would provide—as expanded, as you've just alluded to—fruits and vegetables to an additional estimated 12,900 indigenous children, including 6,500 students on-reserve.

**M<sup>me</sup> France Gélinas:** Okay. There are no on-reserve schools in Sudbury.

**Hon. Eric Hoskins:** Region—

**M<sup>me</sup> France Gélinas:** And even when I look at the region, the next First Nation would be Mattagami, but they're not usually considered Sudbury region. Is Mattagami who you mean?

**Hon. Eric Hoskins:** I am sure that we're going to find out.

**M<sup>me</sup> France Gélinas:** Okay. If you could let me know. This is a good-news announcement. If it's Sudbury region, there's a good chance that they're in my riding. Although it's called Sudbury, the member from Sudbury will explain to you that Nickel Belt covers a big part of Sudbury.

**Hon. Eric Hoskins:** Yes.

**M<sup>me</sup> France Gélinas:** All right. You talked about creating a new associate medical officer of health role for indigenous health in the Sioux Lookout First Nations Health Authority. That would be for the health unit in—which health unit would that be?

*Interjections.*

**M<sup>me</sup> France Gélinas:** And while you're there, if you could also answer about increased nursing capacity and public health services capacity.

**Ms. Roselle Martino:** Certainly. I'm Roselle Martino—

**The Acting Chair (Mr. Michael Mantha):** Can you introduce—

**Ms. Roselle Martino:** I'm the ADM of population and public health.

**The Acting Chair (Mr. Michael Mantha):** Thank you.

**Ms. Roselle Martino:** In terms of the medical officer of health position, it is in the Thunder Bay health unit. But just to be clear, the Thunder Bay health unit will just be the flow-through. The medical officer of health will be supporting the Sioux Lookout region. So it would be to support that.

**M<sup>me</sup> France Gélinas:** Will he or she be in Sioux Lookout, or will he or she be in Thunder Bay?

**Ms. Roselle Martino:** No, he or she will be in Sioux Lookout. They may be going back to Thunder Bay to support some of the board requirements, but they will be servicing Sioux Lookout.

**M<sup>me</sup> France Gélinas:** And be located in Sioux Lookout.

**Ms. Roselle Martino:** That is the intention, yes.

**M<sup>me</sup> France Gélinas:** Okay. And, increased nursing capacity and public health services capacity: Is this specific, again, to Sioux Lookout, or is this for all of the Thunder Bay health unit area?

**Ms. Roselle Martino:** No, this is specific to Sioux Lookout. SLFN Health Authority had identified this as a gap in services, and that is what the minister's announcement supported.

**M<sup>me</sup> France Gélinas:** How much money are we talking about?

**Hon. Eric Hoskins:** We have a partial breakdown. If you would like the figures, it includes what you just referenced, but also the—do we have more detail?

**Dr. Bob Bell:** We do.

**Hon. Eric Hoskins:** We do, okay. The establishment of the associate medical officer of health: \$400,000, essentially annualized, beginning this fiscal year. Increasing the public health nursing capacity at SLFNHA and in communities: estimated at \$2 million, essentially ongoing, beginning this fiscal. Increased public health service capacity to respond to needs identified through assessments in gap analyses: \$2 million annualized, beginning this fiscal as well.

**M<sup>me</sup> France Gélinas:** So that's on top. We have the increased nursing capacity. That's \$2 million. Then we have the—

**Hon. Eric Hoskins:** Yes.

**M<sup>me</sup> France Gélinas:** Oh, wow.

**Hon. Eric Hoskins:** The more general increasing of the public health service capacity at an additional \$2 million.

**M<sup>me</sup> France Gélinas:** Okay. It will flow through Thunder Bay, but it will be specifically for the Sioux Lookout First Nations Health Authority.



**Hon. Eric Hoskins:** Yes.

*Interjection.*

**Hon. Eric Hoskins:** The MOH position will be—

**Ms. Roselle Martino:** It will flow through Thunder Bay. The rest of it will go to Sioux Lookout.

**M<sup>me</sup> France Gélinas:** To Sioux Lookout directly?

**Ms. Roselle Martino:** Right.

**The Acting Chair (Mr. Michael Mantha):** You have one minute.

**M<sup>me</sup> France Gélinas:** One minute? Man, it goes by really fast, doesn't it?

I guess the last one—

**Hon. Eric Hoskins:** I do have the breakdown, if you want to know the physician services costs, the increase—in that minute.

**M<sup>me</sup> France Gélinas:** Oh, do you? Okay, good.

**Hon. Eric Hoskins:** So \$13.6 million is the existing funding that's allocated, so it's an increase of \$3.4 million beginning this fiscal year and ongoing. That's for the increase in physician services in the Sioux Lookout zone.

For the interprofessional primary care model, specifically for Sioux Lookout First Nations Health Authority, we have \$3 million annualized beginning this year. For elsewhere outside of Sioux Lookout, we have \$2 million this year, \$16 million next fiscal and the following year, and annualized estimated at \$30 million. So it's an additional \$30 million once it's fully rolled out for interprofessional primary care; for example, AHACs, family health teams, ACHCs or other models across Ontario.

**The Acting Chair (Mr. Michael Mantha):** Thank you, Minister. Merci, madame Gélinas. On va maintenant transférer au gouvernement. M. Thibeault.

**Mr. Glenn Thibeault:** Welcome, Ministers and Deputy Minister. It's great to see you here once again on this lovely Tuesday morning.

There are a few things I'd like to start off with. I'm going to talk a little about doctor supply, physician supply. I think that's something that's key for us to highlight, not only from the estimates point of view, but the work that your ministry has been doing in addressing this issue throughout Ontario. Specifically for me, maybe how I'd like to emphasize this is that I'm going to talk a little bit about some of the specifics that relate to Sudbury and northern Ontario in general, because that's something that I know we have been talking about a lot as a government and as MPPs.

I know my colleague from Nickel Belt mentioned earlier the Sudbury region, so I think I have to give credit to her, because this is her patent: She said that "Sudbury is the Timbit and Nickel Belt is the doughnut" is the best way to explain the two regions. For Canadians, we have a very clear understanding of a Timbit and a doughnut, although none of us here—we're talking about health, so all of those doughnuts and Timbits are calorie-free, of course—not that those new strawberry shortcake ones or anything are very tasty, not that I've had one, because

I'm diabetic now and everything. Anyway, way too much revealing there, and way off track.

**Hon. Eric Hoskins:** Carry on.

**Mr. Glenn Thibeault:** Anyway, jumping back to doctor supply: I think it is important to emphasize that and bring it forward, especially for those of us in the north. I come from a community where, if you go back a decade, it was very concerning in the sense of the numbers of individuals who didn't have a family doctor.

I know we've done a lot as a government to address that. I think one of the things that has been paramount and very key in addressing that shortage is the opening of the Northern Ontario School of Medicine, both in Sudbury and Thunder Bay. I know that Dr. Roger Strasser, the dean there, has been extended till 2019. He's doing a phenomenal job. Dr. Saidi, who did my knee, is there teaching, and we're starting to see more and more of those high school students from the north, from all of our regions, going to these two facilities and then staying in the north.

That, I think, is something that's critical, because I can look to the opening of the Minnow Lake medical centre in Sudbury with Dr. Trebb and Dr. Pastre and—oh, jeez. I'm drawing a blank on the two other doctors who are there, but these are four individuals who graduated from the medical school and then stayed in Sudbury, which is so key for us, and it's so important for us to recognize that. I know our investments through your ministry in medical education have been key to that—again, not just with northern Ontario and the Northern Ontario School of Medicine, but overall in terms of the province.

If we look at the annual number of medical school graduates in Ontario, that has increased by over 60% since 2003-04 from approximately 592 to almost 1,000 grads by 2015-16. Not only are we now recruiting more doctors from other places and bringing more doctors to Ontario; we're also doing that grassroots push where we're getting individuals from high school going into medical school, or going to university and then going into medical school.

I think in 2015 there are also approximately just over 1,000 first-year residency positions dedicated to Canadian medical grads in Ontario. Of those, 200 positions are dedicated to international medical graduates, which I think is something that's important as well.

**0930**

In Sudbury, we're starting to see more and more individuals move to the north. We had Syrian refugees come, as many communities have, and we're embracing our immigrant community. Many family members are now coming to talk to me about how they can get their uncle, cousin, aunt, sister, brother and whomever into these international medical graduate spots. It's great to see that we have those as well.

I believe that the ministry spent approximately \$150 million to support medical education in 2014-15, if those numbers I read were correct. Further, I think the ministry is also spending \$360 million in 2014-15 on the salaries and benefits paid to over 4,700 medical residents in

Ontario's postgraduate medical training system, who deliver care to patients during their training. Not only is the northern Ontario medical school part of all of this investment; we're seeing, if I relate this back to my opening, which is the doctor supply for the province, that this is just so key and critical for us.

I know that my colleague Madame Gélinas worked hard with my friends from the City of Lakes centre. We were able to open a new clinic in Chelmsford, which was so key for addressing orphan patients in that region.

In the City of Lakes, Dave Courtemanche and the whole team have been doing such a great job of making sure that we can address what was a shortage of doctors in the north.

Really, I think if we're looking over the focused effort that we have done as a government—and the ministry has done, focusing on this—in the past 10 years, in the substantial investments in the education piece that I've talked about, we've seen a huge improved supply of doctors in northern Ontario and across the province. I know that the province is now going to adjust the number of doctors it trains, based on some analysis and detailed forecasting.

It's key to look at—since 2003 to 2014, the number of doctors in Ontario has increased by 30.8%. I think I've got that statistic correct. We went from 21,472 doctors to over 28,000, while the population only grew by close to 12%. We've seen a significant increase there. The ratio for doctors to every 10,000 people increased from 17% to about 20%—almost 21%. It's important to highlight, for those who are here, that these increases included almost a 28% increase in family doctors, from just over 10,000 to over 13,000; and we saw almost a 34% increase in the number of specialists, from just over 11,000 to almost 15,000 doctors. Those are some very important statistics for us to bring forward.

I can talk about—and I know my colleague from Nickel Belt can talk about—some of the great physicians that we have in Sudbury. I can think of Dr. Hourtovenko, a cardiologist, who's doing—I don't know what it's called—but it's some type of echo work, right? DM Bell, you probably know of that stuff, and Minister Hoskins, you probably know that stuff a lot better than I do. Dr. Hourtovenko and his partner, Karen, are just doing phenomenal work in terms of cardiology in Sudbury. That's something that's key for us because we were in Sudbury back in, oh, God, was it—

**Hon. Dipika Damerla:** The fall.

**Mr. Glenn Thibeault:** —the fall of last year, going down slides, making an announcement with our mayor about leading healthy lifestyles and changing the way our children—

*Interjection.*

**Mr. Glenn Thibeault:** Yes, the mayor went down the slide. Did you go down the slide as well?

**Hon. Dipika Damerla:** Yes.

**Mr. Glenn Thibeault:** I chose not to. I don't think my knee was well enough. That's part of the problem, right? Now that I've got a good knee, I can now join you on the slide the very next time.

I think the important thing is that we're really starting to instill in our youth and in our children to start leading healthier lives.

Swinging that pendulum will also help with health care because it's key that we have these doctors that I know I keep talking about in terms of our supply—that we have more and more doctors available for us. But it's also a proactive, positive thing for communities to do. I know that was a great investment that we made right across the province—it's great for us in Sudbury—to start engaging our youth in healthier activities so that the health care system becomes that backstop, not the first place that we need to go to. That's key and critical for us, to be able to just say, “You know what? We're doing proactive sides to health care, and not just waiting until we're sick to actually go see the doctors.”

Those are some of the things that I think are key and important. As a father of two young daughters, trying to get them out there to be active—how many of us rode our bikes as kids and we had to be home before the streetlights came on? It was great in the summertime, but, boy, in the wintertime it was a lot of quick running, getting in great shape to run in the wintertime in winter boots and stuff.

Anyway, I know I'm rambling a bit, but—

*Interjection.*

**Mr. Glenn Thibeault:** Okay, you're—

**Mr. John Fraser:** I wasn't going to say anything, but—

**Mr. Jeff Yurek:** Are your caucus meetings that bad?

**Mr. Glenn Thibeault:** Yes.

It's my opportunity, now that I can talk about health care—again, just getting to the piece of doctor supply: We've opened many clinics within the Sudbury area, within the north, for family health teams. We've also seen Sudbury open up nurse practitioner facilities. I believe Sudbury was the very first community to open up a nurse practitioner clinic, which is great, because that helps us look at addressing some of those hard-to-serve communities where there's a population of 250 people or whatever the number is. This really does address a lot of the needs that we have in the north, so I think it's a good-news story for us, and I think we need to talk more about that.

We also have the HealthForceOntario Marketing and Recruitment Agency, which is something I think we should tout a little bit as well, because it helps communities with recruitment and retention and promotes opportunities in places that need doctors. I know that our chamber of commerce in Sudbury has been working with our city to do such great work in recruiting doctors throughout the north.

One of the things, when you wear your federal hat—once upon a time, I got to do that, as an MP. They closed our immigration office in Sudbury, and we were worried about how that would have some effects. But what that did is that we also had a few doctors who were looking to come to the north from other countries, and they said, “Why would I want to move to the north now if I have to



constantly go to places like Toronto or Montreal or the bigger cities to do my processing to be able to work here?" There are things like that that we—not "we"—have put up, roadblocks, that we've been able to find ways to work around.

I think it's key for us to recognize that we have done some great things. This ministry has done some great things in addressing recruiting doctors to the north—not just in the north, but all throughout the province.

I'll get to my question. I think it's key for us, as I keep saying, to talk about this, to highlight the important work that has been done. Maybe, Minister, can you talk to this committee a little bit about an update on the plan to ensure that we continue to have a stable doctor supply in Ontario? Maybe, as well, we can talk a little bit about the plan to enhance the distribution of doctors, not just across northern Ontario but right across our great province.

With that, I'll hand it over to you. Thanks, Minister.

**Hon. Eric Hoskins:** Thank you. It's a very important question, and I appreciate the time you took to elaborate, based on your own personal experience and that of the constituents whom you represent.

I'm also glad that you raised NOSM, the Northern Ontario School of Medicine. It's interesting in part because I graduated from McMaster University back in 1985. Mac was the first to have medical electives, and Sioux Lookout was primarily where the relationship had been built up.

Frequently, students from McMaster would gain that northern Ontario experience, the community would benefit, and, not infrequently—I have friends and colleagues who still reside there 30 years later, who would choose that because of their commitment to the community and the lifestyle, quite frankly. They decided to become full members of the community and reside there, and still do to this day.

I don't think any of us really understood just how impactful the Northern Ontario School of Medicine might be—adding that sixth medical school to the province. It has been pretty remarkable. I've had a number of meetings and many conversations with Dr. Strasser and was very pleased to see that he has been extended, because the work that he and his colleagues have been able to do to really maximize the impact of that opportunity—it's the output, but it's also the input, the intake to the medical school, that they work very hard on. A significant number of the students who enter the program come from the north.

0940

Really, there are a couple of things that have been determined to greatly influence where a physician practises: It's where they come from and where they do their training. This has combined both of those things, where the intake, including from First Nations communities—there is more work that needs to be done, but great effort is being made to ensure that First Nations residents of northern Ontario have that educational opportunity, and others who are resident in the north.

It has worked extremely well. You referenced the number of physicians in the north. I think the increase in

the western part, the North West LHIN, was about 20%, in the number of physicians practising in the north since our government came into office in 2003. It's somewhat less, but nonetheless significant, through the North East LHIN as well.

We've invested a lot of money too, quite frankly, part of it through our northern and rural recruitment and retention initiatives, to recruit and to ensure that physicians who might be looking at the north as an opportunity choose the north, practise there and remain there. It's exceptionally important.

As you referenced, our first nurse practitioner-led clinic was in Sudbury. We now have 25 across the province. I met yesterday with the Nurse Practitioners' Association of Ontario. We spoke specifically of this issue. It's not even about how they are often an appropriate option in more remote communities; the satisfaction surveys for nurse practitioner-led clinics are exceptional. They just provide a tremendously effective, impactful, positive, high-quality service.

But also, the efforts that we've made for family health teams: There may be even more now, but my notes suggest that we have 42 family health teams that are located in the northern part of this province. That interdisciplinary approach to health care—again, the evidence demonstrates how impactful it is. Patients and families enjoy it and appreciate that holistic approach, that multidisciplinary approach.

We've dramatically increased the number of physicians practising in this province, to the point where it's estimated by survey that 94% of Ontarians have a primary care provider—that would be either a family doctor or, in certain circumstances, a nurse practitioner.

I think the most recent year in our statistics demonstrates that an additional 900 net new doctors began practising in Ontario over a one-year period, which represents about a 3% increase in the physician population in the province, and it's increasing at three or even almost four times the rate of population growth. That's important—and that's net. That is after we take into account retirements or the small number of physicians who might choose to move to another province. The net increase is a significant number, which allows us to go even further in terms of our ultimate goal and commitment: to ensure that every Ontarian who wants a primary care provider will be able to have one and be attached to one.

**Le Président suppléant (M. Michael Mantha):** Monsieur Thibeault, il vous demeure deux minutes en bref.

**Hon. Eric Hoskins:** Two minutes? Thank you.

I'd be remiss if I didn't, in the remaining—well, maybe I'll just carry on.

I know how absolutely anxious Denise Cole, who is the ADM for our human resources strategy, is to get up here and spend some time talking to you about this issue, but I'm not going to grant her that opportunity. Believe me, Denise has a lot on her plate in terms of her responsibilities as ADM, but she does an absolutely exceptional job. In fact, she was recently recognized, and



we should—I think this is important. Bob, do you want to come in? Because I'm going to misstate precisely what the acknowledgement is, but Bob, I think you could probably help me with this.

**Dr. Bob Bell:** Thanks, Minister, and thanks for tweeting about it. Denise was recently recognized in a book as one of the 100 accomplished black Canadians. I believe this was the initial nomination of ABCs, and the book will be coming out soon. There will be a gala dinner coming soon, where we'll get an opportunity to celebrate Denise. The list of the folks she shares space with in this book is extraordinary.

We are so proud of Denise—Minister, I know your team is, as well—that she has been recognized in this way. We are so fortunate that she brings her open and inclusive approach to the engagement of all citizens—international citizens, Canadian graduates—

**The Acting Chair (Mr. Michael Mantha):** Thank you very much, Minister. On va maintenant passer le discours à M. Harris et M. Yurek.

**Mr. Jeff Yurek:** I just want to start with a question for the minister. Good morning. I said good morning to Dr. Bell earlier, but I didn't say good morning to you too.

With the Ontario drug formulary, page I.19, number two on the page—I'll just read it to you, and then explain my question: "Any injectable drug product which received a notice of compliance from Health Canada on or after September 4, 2003, is ineligible for reimbursement as a DPP under the ODB program unless approved by the EO under the EAP."

Now, this has been a bone of contention for many a group of pharmacists who deal with delivering home care services throughout the province. We see this as a potential savings for the government down the road, and we just don't know why the government hasn't bothered to take a look at this. I mentioned it to Minister Matthews previously, and nothing got done with it.

Most generic medications and antibiotics have received a notice of compliance after that date, so technically a pharmacy has to use a brand name drug product, which is usually tremendously more expensive than a generic drug. So under this one little column in here, because you've put "2003," unless the pharmacy gets the EAP process done—you can't really do that for short-term antibiotic therapy—you either have to cheat the system in order to provide a cheaper medication, or bill the expensive one.

Pharmacists get upset at doing that, because at the end of the day, as the drug billing goes up, they're the ones who get cut down at the end of the line. I just want to know if you've reviewed it, your thoughts and why it's still sitting there.

**Dr. Bob Bell:** Thanks, Mr. Yurek. I think our executive officer for drugs, ADM Suzanne McGurn, probably has the best understanding.

**Ms. Suzanne McGurn:** Good morning. I apologize for my voice. I'm Suzanne McGurn. I'm the assistant deputy minister and executive officer for the Ontario public drug program.

Mr. Yurek, I will go back and double-check the specific legislation you refer to, but I do want to draw your attention to the fact that as of last Wednesday, on June 1, we did post some regulatory changes for a consultation, and it is in fact to address some of the types of concerns that you have identified: that there was a period of time for which products that predated legislative changes that were made in the early 2000s—that there were products that were unable to meet the criteria to be able to be listed on the formulary or moved from EAP, as an example, to the formulary. We are consulting on those right now.

Additionally, there were some older products for pain that are particularly important for palliative patients, which similarly could not meet pre-existing criteria. They are also posted for consideration to be able to make them appropriately accessible to individuals dealing with end-of-life care.

We'll double-check if that will address in whole the concerns you've identified, but I did want to draw your attention to that.

**Mr. Jeff Yurek:** Great. Thank you. I just wanted to point that out, because I just think the potential for savings there in the health care system is tremendous. There's a lot of generic antibiotic medication that has come out in the last five or six years that is being used in the hospital system, and we either have to order brand or the patient has to be switched if they want to be treated in home care. I think the idea is to get them out of hospital and get them treated.

0950

**Ms. Suzanne McGurn:** Maybe just as a last point, if I could also add: In your life, you will also be aware that the drug interchangeability for Health Canada for being able to determine a number of products as equal as generics for that purpose—there was a small portion that had not been previously captured. We did make changes last October. There is a very small portion—probably less than 5%. Again, in the regs that were just recently posted, there is a recommendation for some changes there to allow all generic products with designation of interchangeability to be able to be moved.

**Mr. Jeff Yurek:** Okay. I just also want to put the note—MultiVites in TPN is also needing an EAP in order to be covered, and that can sometimes keep someone in the hospital longer than need be—if the drug is actually available and they can get out of hospital. If you can take a look at that?

We might as well stay there, for now.

**Ms. Suzanne McGurn:** Okay. I'll do my best.

**Mr. Jeff Yurek:** You might have deflected this question, too.

Minister, you announced yesterday that coverage will be for the medication used for physician-assisted death. I'm wondering if there are changes upcoming—you mentioned palliative care. Right now, the process to get some of the medications covered: The doctor has to call the facilitated access system, which usually the pharmacist ends up calling and saying, "I'm acting on behalf of

the doctor,” but you’ve got to wait 24 hours, and you’re dealing with palliative care. Sometimes these medications—they need them the same night, and usually it’s night when it’s an emergency order.

So you’re either causing the pharmacy, again, to bill the drug—hopefully, it gets approved—and eat the loss or the patient has to wait or go in the hospital for treatment. Is this being addressed? Can we tell people that we’re actually going to expand the availability of palliative medications across the spectrum so that people can actually get the medication they need?

**Ms. Suzanne McGurn:** I would just remark that PA Fraser has similarly identified this problem to us and the concerns about the facilitated access program. The regulations that are posted for consultation right now, we believe, will address the vast majority of those pain-related medications that previously needed to be accomplished through the facilitated access program.

Obviously it would not change, for example, access to oxyNEO where there’s some very specific criteria. However, we are doing a complete review to determine if that will appropriately adjust the access to support appropriate ease of access at end stage without having to go through a complicated procedure as people are being cared for at the end of life.

**Mr. Jeff Yurek:** And you’re going to include more than just pain; right, like—

**Ms. Suzanne McGurn:** There is a number—

**Mr. Jeff Yurek:** There is also diazepam and—

**Ms. Suzanne McGurn:** Yes. There’s a number of products. We are going through the list of what’s captured right now to make sure it will address them all. Certainly during the consultation period, we will be hoping to get feedback from clinicians if it substantially addresses the concern.

**Mr. Jeff Yurek:** I would hope as well that you’ll be dealing with pharmacists and how it affects their operations. They’re usually the ones who get the call at 5 o’clock Friday night: “Get me the medication.” How can we streamline the system and make it easier for them to get that medication?

**Ms. Suzanne McGurn:** Thank you for that. We do, when the regulations get posted, routinely send out those notices to all of the pharmacy associations etc., to ensure that they’re aware of the posting and be able to get their feedback on these types of initiatives.

**Mr. Jeff Yurek:** I guess the other one is, the EAP process itself has a terribly long wait time. I had a constituent of mine who waited almost a year to get a no. It wasn’t the doctor not putting in the proper reports. This patient has drastically deteriorated because he was waiting for this medication. Is there a way to speed up this process? Are you doing a review? Can we—

**Dr. Bob Bell:** While Suzanne is gathering her thoughts, I can tell you that when she became the executive officer for the Ontario publicly funded drug programs, after she had been on the job for about two months, she mentioned to me that one of the major things keeping her up at night was the lengthy wait times you’re

referring to, and that had been commented on by the Ombudsman as well.

I’m very proud of the work she has done, first of all, in getting rid of the backlog, increasing the number of staff and then subsequently putting in place a revision to the EAP which she’ll describe.

**Ms. Suzanne McGurn:** Again, thank you for the questions. My background, as for many people who work in health care, is from a clinical background. The length of time that an individual—their clinical specialist or they themselves as a patient—has to wait to be able to determine whether they actually have access to a drug that their physician is prescribing to them is of critical importance.

A few things that I would like to point out: We have expended a great deal of energy during the past year to be able to get targets to the more appropriate targets just prior to Christmas. The type of things that we have done is that we have looked at how long we extend extensions for, being able to increase the number of staff. We’ve looked at moving some products from EAP to limited use. Some of the recommendations I spoke about in my last response actually came out of the same review: how many products were going through EAP because they simply could not meet the existing criteria to be moved to general benefits etc.

We have also been working with some of the high-volume areas to streamline the application processes, and going out on a significant amount of outreach. To your point, sometimes it is about the information provided by the clinicians, so we’ve worked very hard with a number of the groups to improve the information that’s provided, but even when that happens, there have been protracted time periods.

Following Christmas, we did see some slippage in our overall response times, and it was related to some challenges in our I&IT system that have been corrected, but the long-term solution—I think what you’ve correctly identified—is that the process needs to be modernized and be able to benefit from new I&IT systems at the front end that makes the application process for clinicians much easier.

I like to equate it to, for lack of a better, being able to do email ordering, where you have to fill out all of the appropriate information that would allow for a more timely approval process. Similarly, it would give the ability for a looking-in by clinicians or patients to be able to determine where their application is in the process. So we are working forward to that. We are in the process of putting together how we would be able to accomplish that in the coming year.

**Mr. Jeff Yurek:** It would be nice if somewhere down the line we could have a system where the patient knows that the medication is covered as they leave the doctor’s office or specialist’s office. Specialists are worse. The patient takes forever to see a specialist, then comes to the pharmacy and the drug’s not covered—now what do you do?

**Ms. Suzanne McGurn:** Understood. Thank you.



**Dr. Bob Bell:** So much of the time taken in the past, I know, has been taken up by forms going back and forth between the EAP program and the physician who hasn't completed the form appropriately. So to have an automated system that forces clinicians to actually fill in the appropriate slots will be a huge step forward in terms of one-time application.

**Mr. Jeff Yurek:** Thank you very much. I think that's it for drug coverage.

Minister, just your thoughts, if you can respond: Yesterday, with physician-assisted death now being in Canada, you mentioned doctors being protected from any repercussions from the law. What are your thoughts—or can you speak to pharmacists, nurses and other health care professionals who might be implicated in the treatment of the patient—on the fact there are no protections in place for them?

**Hon. Eric Hoskins:** That's an incredibly important question you've asked. In this interim period, which we anticipated, we are certainly imploring our federal Senate colleagues—my office has been speaking to some of the Ontario senators, as well, imploring them to pass this legislation quickly—but understanding that it may have to revert to the House of Commons if there are amendments. But we're hoping that this interim period will be short, because the federal legislation specifically explicitly does address the protections necessary that need to be in place for pharmacists and nurse practitioners.

In the absence of that federal legislation, for physicians we have guidelines that have been promulgated by the College of Physicians and Surgeons of Ontario. I know that we, and they, have been working with the Ontario College of Pharmacists, as well as the College of Nurses of Ontario. I'm not aware whether those two entities—I believe they have not published their own guidelines to date. In this interim period, what we have recommended is—you can appreciate that those specialties' professional organizations, as well as the colleges that regulate them and the professionals themselves, are quite anxious to see the federal legislation in place, as are we.

1000

In the interim period, we have recommended that, including for our physicians—first of all, we've recommended that if an individual is considering medical assistance in dying, a patient, caregiver or family member approach their health care provider. We have also recommended in this interim period that the health care provider—a physician, for example—approach their college—in this case, if it's a physician, the College of Physicians and Surgeons of Ontario—to get further guidance from the college. We're quite gratified that the College of Physicians has spent an enormous amount of time over quite a period of time developing guidelines which provide that guidance for physicians.

To the point: In the absence of federal legislation, we believe it's important that health care providers, as with patients, pursue a court process to be assured that the circumstances are in compliance with the Supreme Court

decision. That court process can provide the necessary protections, understanding that if it's in compliance—essentially, the law of the land today is the Supreme Court decision. The Attorney General has spoken to this as recently as yesterday. So that's why we feel that it's not simply prudent but important that that court process be included at this juncture, in the interim period, to provide assurances to everybody that their participation—from the patient himself or herself to the health care professionals who might be involved—is in compliance with the Supreme Court decision.

That being said, I think, in the very short future—I anticipate that we're probably looking at a very short period in terms of days or weeks before that federal legislation would be in place. If it is passed still containing those elements that reference pharmacists and nurse practitioners, the concern that you've raised will no longer exist.

**Mr. Jeff Yurek:** Thank you. Have you budgeted any costs for the medication to be covered? Are you looking at—

**The Acting Chair (Mr. Michael Mantha):** Mr. Yurek, you have approximately four minutes left.

**Mr. Jeff Yurek:** How many?

**The Acting Chair (Mr. Michael Mantha):** Four minutes left.

**Mr. Jeff Yurek:** Thank you.

**Hon. Eric Hoskins:** It went fast.

**Mr. Jeff Yurek:** It did. You should get Ms. McGurn up there more often.

Are you going to renegotiate the cost of the medication or the price of the medication?

**Hon. Eric Hoskins:** I'm going to ask Suzanne to answer this, if that's all right.

**Ms. Suzanne McGurn:** Just to confirm: Pharmacies would have received communication yesterday from the executive officer detailing the drugs that can be used and how the pharmacy would bill for them. Information is included in those about the reimbursement and cost of those drugs.

We are not anticipating the numbers of individuals to be so substantive that an adjustment needs to be made, but we have certainly made sure that we can accommodate, should individuals be approved through the process the minister has outlined—that they will be able to access those medications regardless of whether they are traditionally eligible for Ontario Public Drug Programs. A special program has been established, so financial means will not be a barrier to access.

**Mr. Jeff Yurek:** Is there a process like the facilitated access system that pharmacies have to call and get an authorization, or can they just bill—

**Ms. Suzanne McGurn:** No, the information is available for all pharmacists and provides—probably for you, it provides a specific PIN that they would use, and the process for which they can access directly from pharmacy.

**Mr. Jeff Yurek:** And are the medications available in Canada or Ontario?



**Ms. Suzanne McGurn:** There are a number of medication regimes that have been suggested, and they are outlined in the information that has been communicated.

There are other medications that individuals may try and access through the Special Access Programme. At this point in time we are unclear of the access to those, but there is a range of combinations that are available in Canada and can be accessed by the pharmacies.

**Mr. Jeff Yurek:** So is that communiqué sent out on your general email?

**Ms. Suzanne McGurn:** It is.

**Mr. Jeff Yurek:** So it's sitting here somewhere.

How many minutes do I have?

**The Acting Chair (Mr. Michael Mantha):** A minute and a half.

**Mr. Jeff Yurek:** All right, Minister, you have a minute and a half.

Some 25% of Ontario "doctors say that during the past month, tests or procedures for their patients had to be repeated because results were unavailable." Do you know what the cost is to the system because of having to repeat lab tests? It comes from a Health Quality Ontario report.

**Hon. Eric Hoskins:** I'm familiar with the report. Thank you for referencing it. It is based on data provided through the Commonwealth Fund, as you know. I found that particular statistic not only curious but worrisome, that it was that high. This is a survey of physicians, so it's subjective to a degree, in the sense that it's asking a question of physicians; it's not based on hard or objective data to verify it. But there's no question that there will be a cost if that figure is any percentage of requiring it to be repeated.

**Mr. Jeff Yurek:** Could you get me what you would estimate 25% would be, roughly? Not right away, but—

**Hon. Eric Hoskins:** It was just community labs that it was talking about, so in terms of the cost to the government, our community lab line in the budget is—approximately \$600 million?

**Dr. Bob Bell:** That's correct.

**Hon. Eric Hoskins:** So it would obviously be a portion of that, if in fact that figure—

**Mr. Jeff Yurek:** That doesn't break down between hospital lab and community lab, though, right? So it could be—

**Hon. Eric Hoskins:** Correct. In fact, the hospital line would be separate and in addition to that figure that I gave. But it—

**The Vice-Chair (Mr. Michael Mantha):** Thank you, Minister. Merci, monsieur Yurek. On va maintenant passer la parole à M<sup>me</sup> Gélinas du parti NPD.

**M<sup>me</sup> France Gélinas:** To finish up with the First Nations: I made a mistake when I was talking about the hospital. It was the Weeneebayko hospital that I was talking about, but I think I said Meno Ya Win. Was your answer for Weeneebayko Area Health Authority, WAHA, for capital planning and a commitment from the province to help this hospital establish longer-term

financial stability? You answered for the right hospital, although I think I said the wrong one.

**Hon. Dipika Damerla:** Yes, I did speak to the right hospital.

**M<sup>me</sup> France Gélinas:** Okay, Thank you. I just wanted to check.

This one sort of has to do with First Nations, but has to do with access to care in the north. I wanted to talk about methadone treatment. It is a tough go for people to gain access to those clinics. It is a tough go throughout treatment, and it is even harder to transition off of methadone.

So my first question is, what exists in Ontario right now to help people transition off of methadone? They have not been using, they are taking the treatment, they have a job, they have a family, they want off this whole daily visit and it seems almost impossible to do. I can speak for people in Sudbury in my riding: It is impossible to come off. There is no support. Does that support exist elsewhere? Who funds that, and how do I get one up north?

**Hon. Eric Hoskins:** I think roughly about 40,000 Ontarians are currently enrolled in programs that provide support for their addictions through methadone treatment. I think you've hit the nail on the head in terms of emphasizing the importance of how it can't simply be a replacement of the opiate with methadone and that's the extent of the therapy that's provided.

What needs to be provided are those supports—clinical, behavioural, community—through the primary care system, the wraparound supports that lead to more than simple replacement, as you've referenced, and actually result in individuals being weaned off the methadone and being given the supports they need to live, hopefully, normal, fruitful lives.

There are jurisdictions around the world and in Canada that have developed approaches—and it exists, to some degree, in Ontario—where there are comprehensive, multidisciplinary environments where methadone treatment is provided with those ancillary support programs that I've referenced are so important, but not to the degree that I would like to see. Other jurisdictions, as I mentioned—particularly in BC, where they have developed approaches, best practices and clinical guidelines that not only provide more comprehensive supports and care, but in fact are looking at a different model of care. For example, jurisdictions in BC include Vancouver Coastal Health authority which is a leader in Suboxone as opposed to methadone as the drug of first choice. It is far, far less toxic and achieves the desired outcomes that are—

**M<sup>me</sup> France Gélinas:** I want to stay focused on my question. I have this clinic in Sudbury which consists of telemedicine doctors who we rarely see—mainly guys, a few women—who feel like they are captive. They want to get off of this and there is nowhere for them to turn to be able to wean off or come off.

**1010**

I fully understand that to have an interdisciplinary team help you through this would be great. We do have

an aboriginal health access centre. We have a nurse practitioner-led clinic. We have a community health centre in Sudbury. But none of this is connected to the methadone clinic, which continues to be a doc sitting. I think, in London, and who, through telemedicine, gives out those little drinks. That's what we got, and they want off.

**Hon. Eric Hoskins:** I was getting to that.

**M<sup>me</sup> France Gélinas:** Sorry.

**Hon. Eric Hoskins:** What I was suggesting is that in Ontario we've got an opportunity to dramatically change the model of support that we provide. This would address the issue that you've referenced.

Last fall we made some changes, you'll recall, to the urine drug testing that is conducted in methadone treatment clinics.

**M<sup>me</sup> France Gélinas:** You changed the fee code; that's all you changed.

**Hon. Eric Hoskins:** We changed the fee code, but it helped us understand that there were some unfortunate incentives that ran counter to the efforts that should be made to wean individuals off of methadone—a monthly maintenance fee that we provide to those same methadone clinics as well.

There are different types, right? There are the stand-alone clinics and then there are those that truly are embedded in primary care.

It was as a result of what I began to understand and learn through the changes we made to urine dipstick testing. I asked the ministry—and we've accomplished this—to convene a methadone treatment and services advisory committee. It's essentially a task force that I asked be created to look at specifically how these 40,000-plus individuals in Ontario are being served, and to look around the world, particularly in Canada, particularly in Vancouver, because of the success that they've seen in their best practices in a different model.

This advisory committee has met a number of times. I've participated in a number of those meetings directly myself. In fact, I've asked, as part of this—because I think it's important to be part of a broader opiate strategy as well, but this will form, certainly, part of the foundation of that strategy—for the task force to emerge with recommendations on a model and approach which reflects best practices, appropriate clinical guidelines, as well, on precisely the issue that you've addressed.

I'm extremely uncomfortable about the existence of a methadone treatment entity absent those supports that you've referenced that are so important. I've believe we've got an opportunity. I believe that Suboxone, in part, provides that opportunity where it would increase the level of comfort of family doctors and nurse practitioners, for example, to engage in the delivery of Suboxone as a first treatment, which works in a huge majority of cases, which allows it to be—

**M<sup>me</sup> France Gélinas:** Can I have a time frame for when the work of that advisory committee will be done?

**Hon. Eric Hoskins:** Yes. It would be imminently.

**M<sup>me</sup> France Gélinas:** Imminently? Good.

**Hon. Eric Hoskins:** I'm beginning to receive the recommendations. It's informing the broader strategy that I talked about. I anticipate, subject to going through the normal cabinet process, that I would hope to be able to speak to this issue more specifically in the coming months.

**M<sup>me</sup> France Gélinas:** Thank you.

**The Acting Chair (Mr. Michael Mantha):** On that note, Minister, thank you.

Madame Gélinas, it is now time to recess. We will resume following our regular proceedings.

*The committee recessed from 1015 to 1603.*

## ELECTION OF VICE-CHAIR

**The Clerk of the Committee (Mr. Eric Rennie):**

Good afternoon, honourable members. Due to a change in the membership of the committee this afternoon, as ordered by the House, Miss Taylor has been replaced by Mr. Mantha. Mr. Mantha is the new permanent member of this committee, replacing Miss Taylor.

It is my duty to call upon you to elect a new Vice-Chair, since Miss Taylor was our Vice-Chair. Are there any nominations for Vice-Chair? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I nominate MPP Mantha.

**The Clerk of the Committee (Mr. Eric Rennie):**

Madame Gélinas nominates MPP Mantha. Mr. Mantha, do you accept the nomination?

**Mr. Michael Mantha:** Yes, I do.

**The Clerk of the Committee (Mr. Eric Rennie):** Are there any further nominations? Seeing none, I declare the nominations closed and Mr. Mantha elected Vice-Chair of the committee. Mr. Mantha, could you please assume the chair?

*Interjections.*

**The Vice-Chair (Mr. Michael Mantha):** I've got the gavel in my hand, so be quiet.

We are now going to resume: Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I move that Mr. Mantha replace Miss Taylor on the subcommittee on committee business.

**The Vice-Chair (Mr. Michael Mantha):** Is there any discussion? Shall the motion carry?

**The Clerk-at-the-Table (Mr. Eric Rennie):** Say, "It carries."

**The Vice-Chair (Mr. Michael Mantha):** I don't want to.

It carries.

## MINISTRY OF HEALTH AND LONG-TERM CARE

**The Vice-Chair (Mr. Michael Mantha):** We are now going to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of five hours and 19 minutes remaining. When the committee recessed this morning, the third party had approximately 12 minutes left in their round of questioning.

Madame Gélinas, le plancher est à vous.



**M<sup>me</sup> France Gélinas:** Thank you, Chair.

When we stopped this morning, I was talking about some of the stand-alone methadone programs that exist. I was wondering if we could find out how much money is being spent right now on methadone treatment, either programs or centres, and how much money is being spent on programs that help people transition off of methadone.

**Hon. Eric Hoskins:** Thank you for that question.

I do have some additional information about our Opioid Agonist Maintenance Program: There are 330 physicians that are providing opioid agonist therapy, either methadone or Suboxone, to a total of just over 50,000 patients in the province. I had thought that is was slightly less than that, but the most current data that we have suggests that it's 50,000, roughly. There's a total of \$164 million paid to physicians through that Opioid Agonist Maintenance Program.

Can you refine your question just to sort of help guide me to where your next—

**M<sup>me</sup> France Gélinas:** My next question would have to be: This is for the maintenance program, but how much money is being spent on programs—I use “to wean people off”—to help them transition to a life where they don't need those opioid maintenance programs anymore?

**Hon. Eric Hoskins:** Well, implicit in this program is that part of the activity that is provided—because you'll see, within that total of \$164 million, there are payments for the maintenance of the patients, and there are also ancillary services that are provided that are billed by physicians as part of the program. Implicit in that, and as part of our program, would be services and activities by those physicians themselves—for those where it is an option—to wean patients off and provide the requisite supportive care.

Of course, as well, I know your interest is specifically or more so in the stand-alone clinics. Obviously, the anticipation is that these patients will also have primary care providers that are able to provide them with support. The administration of the methadone may take place in an independent facility, but that doesn't preclude—and, in fact, I think I agree with you, emphasizing the necessity of other activities and supports being in place through the primary care system to wean patients successfully off their methadone.

**M<sup>me</sup> France Gélinas:** Right now, of the \$164 million that is paid to physicians for the opioid maintenance program, is there any way to tease out of that how much is really for maintenance and how much is really for coming off that program?

**Hon. Eric Hoskins:** No, I'm told that there is not, because of the nature of how the service is provided.

**M<sup>me</sup> France Gélinas:** There is not. Okay. That's too bad.

My next question, then, would have to do with the 10 centres that we talked about this morning and that you had announced through the \$220 million for First Nations, a good part of that being for primary care with the seven centres in the north and three in the south. Would there be a possibility for those centres to have

resources to help people come off methadone and other opioid maintenance programs and live a life free of it all?  
**1610**

**Hon. Eric Hoskins:** Absolutely. In fact, I would suggest that some of the best practice of supporting and transitioning individuals who have addictions to opioids—actually, some of the best examples take place with First Nations communities and with First Nations front-line health care workers providing that culturally appropriate care, including the use of Suboxone, I might add.

Just as a reference point, if you'd care to come back to it, remember you asked the question about the fruit and vegetables program and the expansion to on-reserve?

**M<sup>me</sup> France Gélinas:** Yes.

**Hon. Eric Hoskins:** If you want to come back to that, I have information about the Sudbury area.

**M<sup>me</sup> France Gélinas:** But you're not going to give it to me?

**Hon. Eric Hoskins:** I don't want to assume that you want it. I just sort of offered—

**M<sup>me</sup> France Gélinas:** Yes, I do want it.

**Hon. Eric Hoskins:** I didn't want to interrupt the flow. We were doing so well on methadone.

**M<sup>me</sup> France Gélinas:** Okay. We'll flow, and then we'll come back to fruits and vegetables. From methadone to fruits and vegetables: I love it.

**Ms. Sharon Lee Smith:** My name is Sharon Lee Smith. I'm the associate deputy minister for policy and transformation.

Madame Gélinas, just to add to what Minister Hoskins was saying about the primary care centres and our indigenous action plan announcement, we've already begun working with NAN and some other First Nations communities, and as well, with the AHAC executive directors and CHC directors, to think through how we would better serve communities through a more fundamental approach with Suboxone etc. Attawapiskat, for example, has come to us; they want to have a program.

Your questions are very on point. The communities are asking, and we are embarking on a process to see how we can be as thoughtful as possible about that with the new investments.

**M<sup>me</sup> France Gélinas:** The transitioning off of Suboxone or methadone can be done in the community? It does not have to be done in an in-patient facility?

**Hon. Eric Hoskins:** Yes. Correct.

**M<sup>me</sup> France Gélinas:** Okay, thank you. Fruits and vegetables.

**Hon. Eric Hoskins:** Fruits and vegetables: As we referenced—and I think the reference in the press release or the backgrounder probably should have been more explicit in referencing the Sudbury region. In fact, we're referring to the Sudbury and District Health Unit catchment area, so that's likely why there is—I think I can provide the clarity. We were talking about on-reserve schools, elementary schools, that would newly benefit from this expansion. It includes four on-reserve schools



on Manitoulin—which are within the catchment area, of course—one in Massey, and one in Gogama.

**M<sup>me</sup> France Gélinas:** It's in Mattagami. Okay, perfect. Thank you.

**Hon. Eric Hoskins:** Yes, Mattagami. That's right.

**M<sup>me</sup> France Gélinas:** Thank you. That's helpful.

My next questions, then, will have to do with—how much time do I have, Speaker, so I use them wisely?

**The Vice-Chair (Mr. Michael Mantha):** You have approximately five minutes and 20 seconds left.

**M<sup>me</sup> France Gélinas:** Okay. I will move on to the Myalgic Encephalomyelitis Association of Ontario, who were really thrilled in 2014 when you announced \$560,000—at the time, it was to support two new fellowships over three years, for a total of six fellowships. They were going to be for, basically, family medicine graduates who complete an extra year of focused training in environmental health, which helps primary care providers assess, diagnose and treat environmentally linked health issues. This has been useful, but it's coming to an end. It has been done mainly through the Environmental Health Clinic at Women's College, just across the street here.

My question is, has the \$560,000 that was announced all been spent? Is there any intention of continuing that fellowship? How much money would be in that fellowship program?

**Ms. Sharon Lee Smith:** Sharon Lee Smith, associate deputy for policy and transformation.

Madame Gélinas, we do fund the fellowships, as you were indicating. We do have an environmental task force that we are creating and that will be coming on stream very soon. We will want to review the funding of the important work that the fellowships are carrying out as a part of the task force's work.

**M<sup>me</sup> France Gélinas:** Okay. So is there money attached to this task force? I know that there are four people attached to it. I have no idea if they're attached to it for an hour a month or for a full-time or part-time job.

**Ms. Sharon Lee Smith:** There is administrative funding attached to the task force, but we would obviously consider the recommendations on programming, on initiatives, in terms of what the ministry should be doing going forward.

**M<sup>me</sup> France Gélinas:** In this year's budget, is there money allocated for whatever recommendation or work that that committee brings forward, whether it be fellowship or other?

**Ms. Sharon Lee Smith:** I think we would be looking at anything that the task force would bring forward within our existing envelope. It's very much a priority to make sure that we do hear from the environmental task force.

**M<sup>me</sup> France Gélinas:** Okay, so there's no money directly to this, but if they bring forward recommendations that have resources attached to it, you would be open to those?

**M<sup>me</sup> Sharon Lee Smith:** C'est vrai, oui.

**M<sup>me</sup> France Gélinas:** Okay. Thank you. With my last minute or so—I know that I have talked about the scope

of practice of nurse practitioners and the issue of not moving very fast with their scope of practice toward narcotics and toward ultrasound and all the rest. We all know that in the federal bill for medically assisted dying, which I think—

**Le Vice-Président (M. Michael Mantha):** Une minute, madame Gélinas.

**M<sup>me</sup> France Gélinas:** I'm using the wrong name—nurse practitioners will be one of the practitioners who will be able to prescribe those drugs and to carry on the wishes of a patient. Don't you find it weird that they will be allowed to prescribe those drugs but they're not allowed to dipper urine? Shouldn't we move on those faster rather than slower? I'm worried.

**Hon. Eric Hoskins:** Yes, I do find it weird.

**M<sup>me</sup> France Gélinas:** All right.

**Hon. Eric Hoskins:** In fact, I met this week with the Nurse Practitioners' Association of Ontario to discuss this specific issue, among others. At this point, the College of Nurses of Ontario has been working towards a regulation, because the responsibility is ultimately theirs to develop, pass through their council, post—I might have the order wrong there, but to post and approve a regulation that would enable the prescribing of controlled substances.

Obviously, with the medical assistance in dying legislation close to being passed, which enables nurse practitioners to participate, that creates an even greater urgency. Our approach to this—

**The Vice-Chair (Mr. Michael Mantha):** Thank you, Minister. We will now move on to the government.

**Ms. Indira Naidoo-Harris:** Chair, my question is for Minister Hoskins. Minister, as you know, 5% of all our patients account for two thirds of our health care costs. I'm sure you'll agree that's a remarkable statistic and one that underlines the complexity of delivering quality care to Ontarians.

These are most often patients with multiple complex conditions, people who are dealing with not one, not two, but often several health care challenges at the same time. Minister, during my work on Ontario's dementia strategy, I had the honour of speaking frequently with seniors. These are our mothers, our fathers, our friends, our neighbours. These are the people who built our province up and provided us all with a strong foundation on which to stand.

One of the things that became apparent in my many conversations that I had with our seniors about their health needs is that their needs are complex. They need and deserve special care. For example, my 85-year-old father has now moved to Ontario and he is a diabetic. He also has cardiac issues and he has mobility problems. All of these conditions require attention and that means an individual care plan, one that coordinates and plans care, medications and services.

**1620**

That's why coordinating care for patients with multiple complex conditions is so important. It's the right plan. It puts patients on the path to wellness. By co-ordinating care, the patient gets an individualized and

coordinated care plan and support when and where they need it, especially when it comes to all kinds of services and coordinating medications, in addition to a care provider who is familiar with their individual plan.

**Minister**, in 2012, our government launched the health links as a key initiative to help care for these patients with really complex medical needs. Can you please provide us and provide this committee with an overview, if you will, of health links and how they're working to improve care for Ontarians with complex medical needs? Because this is such an important initiative.

**Hon. Eric Hoskins**: Absolutely. Director Phil Graham can provide you with that information, as I invite him to enthusiastically. While he's making his way up, I'll just say that there's a tiny proportion of the most complex, complicated patients in the province, for no other reason than just happenstance and bad luck, who find themselves in a position where they absorb and require the support of our health care system to much greater an extent than average Ontarians, if I can call them that, would avail themselves.

One of the breakthroughs that we created, which predates me as health minister, was our health links, which allow a personalized approach, including the development of a care plan—I know that we'll hear some details in a moment—and the wraparound support of primary care providers. It often allows us to look at the social determinants of health, understanding that the complexity that these individuals face is often due to circumstances outside of that direct health care realm, if you will.

We now have I think 80—

**Mr. Phil Graham**: There are 82.

**Hon. Eric Hoskins**: —82 health links across the province that have developed a focus not on the entity as much as the leadership that exists in a particular locality. They have then reached out and sought out those specific individuals who would benefit from that focused attention, the development of a care plan and their participation, along with their caregivers if they have them, in the development of that plan as well. Then they assemble the resources that we have in the health care system and, as I've referenced, often beyond, to provide the highest quality of care.

So we've seen the result of that, not simply in terms of improved outcomes but, I think importantly, with regard to the patient experience, as well, and their quality of life. We're able to improve upon what otherwise or previously for them might have been an incomplete sort of support provided to them, or not sufficiently coordinated or holistic to provide the support that they need.

But I'm happy to have Phil, who will introduce himself more fully in a moment, speak more to this important health initiative.

**Ms. Indira Naidoo-Harris**: Thank you for that. I'm very interested in what you have to say, and especially interested in what you said, Minister, concerning the cocoon of care that surrounds these patients, because I can tell you just from my personal experience that it

really does make that patient feel as if their needs are being tended to. That in itself is conducive to wellness and peace of mind, and reduces the stress.

Please go ahead.

**Mr. Phil Graham**: Thank you for the question. Thank you, Minister. My name is Phil Graham. I'm the director of the primary health care branch in the Ministry of Health and Long-Term Care.

Just following from the discussion, I think I'll start by talking a little bit about the origins of the health links initiative. Like many good programs, this program started with a really solid piece of evidence and Ontario really leading the way in developing the evidence around users of our health care system who rely extensively on a large number of health care resources to get the care they need.

In particular, analysis done by our ministry, in addition to Drs. Walter Wodchis, Peter Austin, David Henry and others, has shown that there is a relatively small segment of our population who relies on extensive medical health care services. These individuals are individuals with COPD or with diabetes, or could also have a physical disability or a serious mental health and addictions challenge and, as the minister said, their individual life circumstance may also be negatively impacting their health and well-being. Understandably, this segment of our population relies extensively on health care services, quite often at a high cost and sometimes with varying levels of quality. In particular, 1% of health care consumers, about 147,000 Ontarians, utilize about 33% of health care service resources; 5% of our population, about 710,000 Ontarians, are responsible for about 65% of health service expenditures. This 1% to 5% of the population is the focus of our health links initiative.

Cost isn't the only way that we measure how our health care system is performing. Evidence from these researchers also suggests that the quality of health care that some of these individuals are receiving in some cases has room for improvement. For example, about three quarters of complex patients 65 years or older were discharged from hospital and saw about six or more different physicians along their care pathway, along with a range of community pharmacists, home care providers and a host of other service providers. We know that sometimes this experience for those complex patients can be confusing and can make it difficult to navigate through the health care system. This is really the problem that the Ontario health links initiative is trying to solve.

As mentioned in the lead-up to your question, the program was developed in December 2012. Just to describe the model very simply, it's a model of person-centred local collaboration that really aims to improve the care at a lower cost for those in Ontario who have the most complex health needs. I'll explain these features a little bit further.

The person-centred element of the program was included very early on in the design. It involves identifying at a local level the patient cohort that will be the focus of health links activities. This identification is not



large percentages or maps or other aggregating tools; this is really about identifying the individual by name, by history, by living circumstance and by what they need. This is done by health care providers in the circle of care to make sure privacy is protected.

They're also very local in nature, and this local dimension of health links is very important. Geographic health link regions have been established at a community level to allow for more focused activities: focus on identifying who these complex patients are, as well as focused collaboration activities within a manageable number of provider groupings. These sub-LHIN regions range from about 40,000 people, total population, for those in rural areas, to about 250,000 for the more densely populated urban areas.

Lastly, a strong feature of health links is collaboration—collaboration within organizations, between organizations and with organizations and individual providers. In many cases, these collaborations and partnerships are quite diverse.

The collaboration really comes to bear, as you mentioned in the lead-up to your question, in the development of a coordinated care plan. The care planning process involves engagement of patients and their families along with a range of providers who are involved in that person's care. They ensure that the individual hospital, the family doctor, the long-term-care home, the community organization and others involved in the care of a complex patient are aware of the medications they're on, when appointments are booked, their living circumstances, as well as their formal and informal caregivers.

What's critical in this care planning process is the role of the patient and the family. They drive the care planning process. Quite often, the experience is that the first question being asked when a coordinated care plan is being developed is, "What do you need?" It is then that the patient can be able to articulate what he or she needs to make sure that the care planning process is responding to their circumstance.

Having described a little bit about health links and their origins, I just want to talk a little bit about what we're seeing now as the program has evolved since 2012. As the minister indicated, we now have 82 health links, from where we started in 2012. At that point, there were about 20 to 26 early adopters that had put themselves forward. Over the last couple of years, we've seen a significant expansion of the program. These 82 health links cover about 89% of the geography of the province. Our goal is full provincial coverage. Ongoing work is happening to make sure that the preconditions are there in regions across the province that aren't yet covered to make sure that we can form health links.

As a result of health links, we now have 14,000 complex patients who have a coordinated care plan like I was just discussing. Each plan is a robust exercise. It's connected through a coordinated care tool, an IT solution, that can bring providers together so that each provider can access the coordinated care plan. We now have 14,000 complex patients who are benefiting from this experience.

## 1630

As a result of health links, we're also seeing that 24,000 complex patients have now been attached to a primary care provider. This step is important not only to make sure that complex patients can access the quality treatment and assessment services that primary care providers provide, but also necessary to provide system navigation and access to other forms of care, be it a specialist or community supports.

There are also several local examples of where health links are innovating in the way they deliver and coordinate care for complex patients. In the Champlain LHIN, for example, we see diverse partnerships, including the Ontario Disability Support Program, other local programs, mental health and addictions services, and partnership with community paramedicine.

Central East LHIN, for example, has supported their health links in what's called a hospital-to-home program, which helps patients with mental health and addictions challenges transition from the hospital to the community.

In Chatham-Kent, for example, the Chatham-Kent Health Link is using live data feeds between the hospital and primary care providers to let primary care providers know in a timely way when complex patients are admitted or discharged from hospital. It's really an innovative way of how a health link is leveraging current technologies to be able to support complex patients and provide care closer to where they live.

Although we know that health links take time to mature and to operate at scale, from the data we see significant progress being made. Patient experience measures, for example, across all health links are extremely positive. As the minister was saying, these positive experiences can be directly attributed to the health links activities that are happening across the province.

We also know from preliminary utilization data—data that shows how health care services are being accessed and used—that we're also seeing some progress. For example, the North Simcoe Muskoka health links, who place considerable emphasis on their complex mental health and addictions patients, have reported a 57% reduction in ER visits for this small cohort of patients and a 43% decrease in patients' length of stay in the hospital.

Similarly, the North York Central Health Link, who are focusing on a cohort of complex patients with mental health and addictions challenges, saw a 47% reduction in emergency department visits for this cohort, and a 62% reduction in hospital admissions.

As this work progresses, and with the help of leading researchers and practitioners in Ontario, we're undertaking various forms of formal evaluation to measure the impact and outcomes across the board that these health links are achieving. This will be broad in terms of the quality of care and the patient experience, as well as the cost.

In the meantime, we're also partnering with Health Quality Ontario, our lead quality agency in the province, to help share best practices and promising practices, so



we can learn from the examples and great work of one health link and apply them in other communities across the province.

We're learning a lot from health links, both in terms of the value they bring to the system and the value they bring to complex patients across the province. We're looking to adapt these more broadly as we carry out further reforms and further mature our health links. As I said, early evidence is showing that these health links are demonstrating considerable progress, and we're going to continue to support them as this work continues.

We just recently received a report from a health link identifying a very compelling personal story about how the intervention of one health link helped a family who experienced the loss of a loved one, along with job insecurity, income insecurity and food insecurity issues. The story was compelling because it shows not only that health links are a core health care program, but also the bridges they build between health care and other sectors.

Through a health link's intervention, not only was this health link able to attach this individual family with quality primary care, but it was also able to connect this family with local job- and employment-seeking services, a local church group who were donating physical activity supplies and bikes for the children who needed this help, and the Boys and Girls Club, to make sure the family had the support they needed.

That's really where the power of health links comes in. As the program matures, we are seeing broader connections not just within health care but between health care, social services and community supports.

**The Vice-Chair (Mr. Michael Mantha):** Madam Naidoo-Harris, you have three minutes left.

**Ms. Indira Naidoo-Harris:** Three minutes? Okay, great. Thank you very much for that very detailed answer.

Would it be accurate to say that before health links came along, a number of patients out there were perhaps lost in the system, trying to navigate it on their own and unsure about what directions they were going in, and now that health links are around, this is really helping them coordinate and navigate and find their way through the system? Is that accurate?

**Dr. Bob Bell:** Thank you for that. One of the things we've learned from health links has of course contributed to the minister's approach on Patients First, and that is the importance, as you're describing it, of care coordination. One of the really intriguing aspects of Patients First is extending the scope of care coordination for home care to all home and community care services in the sense that the home care coordinators could be dealing with all the navigation issues that you're describing.

We find that one of the most important aspects of health links is that patients with complex conditions who are having difficulty navigating and who previously would have had no assistance in navigating between multiple medical specialists or other social resources available to them are now able to work through the system far more smoothly, including important social

aspects like transportation, for example, or access to nutrition supports, as Phil has described.

One of the really intriguing aspects is the way this has extended to community policing as well because, of course, some folks with mental health problems, with addiction issues, are frequently visiting our emergency departments and our court systems. What we've discovered—starting in Waterloo, actually, where community policing got involved with the health links program—was that by bringing patients who had these kinds of complex problems to an interdisciplinary table where their problems could be addressed by stable housing from the municipality, perhaps MCYS services, CAS services for their children, stable provision of primary care providers, or social workers in the community who would help them with a variety of different issues, not only could we decrease their reliance on emergency departments but also keep them out of the court system and keep them out of policing attention as well. So we're discovering—and this has spread.

This innovation, which originally started in Scotland, spread to Saskatchewan and Waterloo and is now becoming increasingly prevalent across Ontario: the so-called hot-spotting of individuals who are using a variety of social services, including health services, putting comprehensive care plans around them that involve social aspects as well as health aspects.

**Ms. Indira Naidoo-Harris:** Do you find that health links are really highlighting that connection between social determinants and good health?

**Dr. Bob Bell:** Yes, that's an excellent way of describing it—the fact that simply dealing with health aspects without looking at employment and without looking at social assistance and housing, really, is less than a comprehensive answer to a complex care problem that needs more than simply health solutions.

**Le Vice-président (M. Michael Mantha):** Merci, Docteur Bell. Merci, madame Naidoo-Harris. On va passer la parole à M. Bill Walker des conservateurs.

**Mr. Bill Walker:** Thank you, Mr. Vice-Chair, and congratulations on your recent appointment.

I'm going to start off, if I could, by asking the minister—although I told him I'll be very brief with him today—a couple of quick questions.

This one, Minister, I'm asking on behalf of a lot of people in my riding and across the province. It's one of the most consistent messages I get asked when I'm out in the community: How much is your government currently spending on the ads promoting your health care successes, the concern being that all that money could be going to front-line care that they're not getting in many cases? Do you have a dollar value that you're spending on these ads that are currently running in that regard?

**Hon. Eric Hoskins:** We may have that. I don't have that at hand right now. Over the course—perhaps I might get some assistance with this—of a year we invest a considerable amount of funds that are geared towards the various formats of communicating with the general public on a variety of issues, for example, directing them

to government websites which will provide them with information on how to find a care provider or the health care services that are available in their neighbourhoods. There's a whole suite of activities that we undertake. The investing in health care advertising campaign, specifically, which I believe is the one that you're referencing, uses radio and community newspaper ads to help Ontarians understand that the government is making significant new investments in the health system.

1640

**Mr. Bill Walker:** Just the dollar value, if I could, Minister.

**Hon. Eric Hoskins:** The dollar value of the total budget for the campaign is \$2.6 million.

**Mr. Bill Walker:** The concern I have is that I think if they were being directed to some services, it would be more helpful. Most of it is talking about how wonderful things are and how great the services are. That's not what I'm hearing, so the concern that I get almost every day in my office is, "Why is the government continuing to spend money talking about how wonderful they are, rather than actually giving me the services, so that I could tell them how wonderful they are if I could get them?"

The other question I have is with regard to your Patients First plan, and very specifically to the rolling-in of the CCACs to the LHINs. Can you tell me how much money is actually going to be saved by doing this transaction and, obviously, how much is going to the front-line care and how quickly that will happen?

**Hon. Eric Hoskins:** Well, of course the legislation was just introduced, so it hasn't yet been passed. This is obviously provisional on the legislation being passed by the Legislature. As yet, we haven't defined a specific dollar value. Our priority in making this transition is to ensure that, in as seamless a fashion as possible in the first instance, those responsibilities that are currently carried out by the CCACs migrate across to the LHINs.

Under direction from me, the ministry knows, and it's their intent as well, that there are functions that are currently being undertaken by both entities, our LHINs and our CCACs—administrative functions, for example, and other activities. There will be, through this process, identification of where they are duplicative in nature.

Additionally, the proposal is that many of the functions that are currently undertaken by each individual CCAC, of which there are 14, and by each individual LHIN, of which there are 14—that makes 28 separate activities on the administrative side. There are a number of back-end functions—IT, payroll, human resources etc.—and the proposal is that those activities, which are currently spread out and quite separate among 28 separate entities, will be merged into a single entity. We're confident that significant savings will be found there as well.

**Mr. Bill Walker:** But what's the estimated—I keep coming back to this each time I come to estimates. I built a house. I asked my contractor how much the plumbing would be, how much the heating would be, how much this is. I want an estimate so I know and then I can

choose what I'm going to do and how much I can afford. I continually come to estimates and you never give me numbers. If you're assuming that you're going to do this for the benefit of people and there's going to be a savings that you can then put back in, at least give me some basic numbers.

My concern is that you have a majority government. It's not going to take that long to get through. At least give me an estimate of what the savings are going to be, so that I can tell the people in my riding and across this great province how much more money is going into front-line care as a result of this. A very specific question is: Can you assure me there will be no severances where then that person is hired back the next day with the new organization? Because we know that's happened in the past.

**Hon. Eric Hoskins:** Yes, I can provide you with that assurance today.

**Mr. Bill Walker:** Thank you very much.

**Hon. Eric Hoskins:** I know that it's very important to Ontarians that, with this transformation, which is about, in part, saving funds and redirecting them to front-line care—we've learned from the Auditor General's report and the report that preceded it from Gail Donner, for example, which pointed to improvements in efficiencies that could be found.

However, there's a process under way. I think you can appreciate that although we've done considerable planning and consultation, we need to couple the over-reaching goal of transferring without any impact on patient care. There are more than, I think, 700,000 Ontarians who benefit from home care each year. We have to combine that with a very direct intent to provide efficiencies and reduce, in some cases.

I think the deputy was just indicating that the total amount for all 14 CCACs for management and executive is in the order of \$70 million. We believe that we can find savings within that, as well as what I previously referenced in terms of administrative—

**Mr. Bill Walker:** Percentage of savings, dollar value of savings?

**Hon. Eric Hoskins:** Well, it's difficult—

**Mr. Bill Walker:** Target? Accountability?

**Hon. Eric Hoskins:** I guess the way I've characterized this with the ministry in terms of my expectations is I believe, and I agree with an expectation by Ontarians, that they should anticipate that there will be significant savings that will all be redirected to and reinvested in front-line care. But coming up with an approximation or a dollar value of what that might be I think is something that I would simply suggest is going to take some time, as we have just in the past week introduced the legislation. It is a transformation that's going to take place over the course of months and indeed, in some respects, more than a year.

**Mr. Bill Walker:** So next year, I'll come back and ask you what the savings were. Thank you very much, Minister—

**Hon. Eric Hoskins:** Well, we'll certainly be a lot closer. And I—



**Mr. Bill Walker:** One last question.

**Hon. Eric Hoskins:** Okay. I would enjoy the opportunity—you can deny it to me, but I know the way you characterized the expenditure by the ministry on advertisements. I actually feel that informing the public that, for the first time in a number of years, we're making a multi-million dollar, \$345-million investment in our hospitals is important information, particularly in the context of some of the other discussions that are taking place out there—

**Mr. Bill Walker:** I think there's a lot of free social media that we could utilize, and those dollars could go into actual patient care. I don't hear people saying, "I don't know how well the government is doing." People ask me, "Why can't I get this service?"

**Hon. Eric Hoskins:** But that's why I also think it's important that Ontarians need to know that 700 net new physicians began practising in the province over the course of the last year. As we're at 94% attachment of Ontarians to a primary care provider—and we're aspiring to provide either a family doctor or a nurse practitioner to everyone who desires one—I think it's important that there's an understanding out there that, in fact, we are making those gains and we are hiring more physicians to be able to address that need.

**Mr. Bill Walker:** I'm just feeding back what my constituents are telling me, Minister.

**Hon. Eric Hoskins:** No, fair enough.

**Mr. Bill Walker:** A very specific one, if you could. The infrastructure budget: You're talking about \$160 billion that you've now put over 12 years. Can you tell me the percentage of the budget that's going to be allocated to seniors in long-term care—just a number, a percentage?

**Hon. Eric Hoskins:** The figure that you referenced I think was for all of government. The infrastructure investment through the Ministry of Health and Long-Term Care is \$12 billion over 10 years.

Do you want to tackle that?

**Mr. Bill Walker:** Thank you. That's a good segue, because I think your associate minister has been feeling a little deprived by not getting the spotlight. As I'm the critic, I want to do my best to shine the light on her and ask her a few questions so that she has an ability to shine in front of all of us.

**Hon. Dipika Damerla:** You're so kind, MPP Walker.

**Mr. Bill Walker:** I'm not going to ask this question; I'm just going to put it on the record so that we can make sure we know.

Your government originally committed 35,000 beds for long-term care in 2003. Then you went and changed the commitment to 30,000 beds. You're now suggesting about 5,000 have been built, which—okay, we're there. I don't want an answer now because that will just eat up my time, but I want to still have a copy of the plan of how many beds, where they're going to be built and when they're going to be built by. We'll just park that one, if I could, respectfully, because I have asked you

that numerous times, but I want it on the record one more time.

How much have you committed to adding new long-term-care beds, how much will it cost to add the new beds, and again, when and where? We've talked about redevelopment, but what about new beds?

**Hon. Dipika Damerla:** Did you still want me to respond to your first question?

**Mr. Bill Walker:** No. For the first one, I'll just wait, because I know you're working on that plan. But the secondary is the new beds. We've been talking about redevelopment—just new beds. So how much have you committed, when and where?

**Hon. Dipika Damerla:** As you know, we've already introduced—brought online—10,000 new beds since 2003. We'll be happy to share some examples of that, if you will indulge me, with some of those new beds that we—

**Mr. Bill Walker:** I don't want to hear about what you've done, I want to hear about what you're going to do.

**Hon. Dipika Damerla:** All right.

I think it's really instructive to also look at what we've done because that gives you an indication of what we're going to do, because we always build on—

**Mr. Bill Walker:** I'll hear that in the radio ads. Just tell me what you're going to do, please.

**Hon. Dipika Damerla:** MPP Walker, let me finish.

In terms of what we are going to do, we have, as you know, been working on a capacity plan. It's a province-wide capacity plan. One of the things that I emphasized when I spoke in response to MPP Gélinas as well is we can't fixate on one sector of eldercare. Long-term care is one piece of the continuum of care that we provide to our seniors and, for that matter, all Ontarians. You have to take into consideration the increased investments in home care, because every time we add an extra dollar to home care, we are potentially taking away the requirement to build another bed. We have to take into consideration that there is a continuum of care.

1650

I think the right question to ask, MPP Walker, if I might, would have been, "What are you doing in terms of eldercare?" as opposed to one piece of it.

But since you have asked about the capacity planning, what I can tell you is that we have opened over 10,000 new long-term-care beds and redeveloped 13,500 long-term-care beds since 2003, including more than 900 redeveloped and new beds since January 1, 2015.

We've created 250 more short-stay beds in long-term-care homes, that provide care to people who need time to recover strength, endurance and functioning before returning to the community.

All of this is to say that we've brought some new beds online. We're working on a capacity plan that's looking at how many more beds we need, not only today but into the future: over the next 10 years, over the next 15 years. That's a plan that is really coming to fruition quite quickly. We hope to be able to announce more and tell



you more about that as soon as we work through that plan.

**Mr. Bill Walker:** You've segued into a good place, Minister, because back in 2006, the government expert panel report on ALC noted that every day in Ontario, more than 1,600 acute-care beds are occupied by ALC patients. In 2016, we've had an update of that.

There were 22 recommendations that were made in 2006. So when you talk to me about planning, I don't think many Ontarians expect not to see action over 10 years. Planning and planning and planning and planning—it's not deliverables. That's what I hear, again, at the front line and in our offices. I'm sure that you hear them in your office. That's what people want to see. They don't want to hear about more plans. They want to hear about, "Why can't my mom or my dad, or my uncle or my aunt, get a bed when they need it?"

There were 22 recommendations made by that expert panel and provided to your ministry. Can you tell me how many recommendations the ministry took action on?

**Hon. Dipika Damerla:** What I can tell you—and I take some exception to the characterization that over the past decade, over the past 10 years, we've only been planning, because, as I've said, we've added 10,000 new beds since 2003. Over the last 13 years, we've added 10,000 new beds, so we have brought new beds online.

I'm conceding the point that we may need to add more. What we are doing right now, and we're really at the tail end of that, is the capacity planning. I'm sure you would agree that you wouldn't want us, without any evidence, to just come up with numbers.

What we are following is an evidence-based procedure. Very robust, province-wide capacity planning has taken place. We look forward to being able to announce more and give more details on our plan. We've added 10,000 new beds, and we look forward to being able to talk more about the next phase.

**Mr. Bill Walker:** Minister, you originally said 35,000 new beds, then 30,000—fair enough. You're quite proud of the 10,000. It's great to have 10,000. But are you proud that that's 30% of your goal? Or did you really have factual numbers from estimates?

Again, I go back to my analogy of building a house. Either I'm going to spend \$200,000 on a house or I'm not going to spend \$200,000 on a house.

I get confused with you at times, because you're proud of the 10,000, which is only 30% of your goal. Did you really have true, concrete numbers, or did you pull a number out of the air? Should it have been 10,000? That's what I'm asking you. Then you could say, "I've done 100%, not 30%."

I'm not certain that Ontarians are going to give you a passing grade for suggesting that you're happy about getting 30% of the objective completed.

**Hon. Dipika Damerla:** Actually, if I may—

**The Vice-Chair (Mr. Michael Mantha):** Mr. Walker, you have five minutes left.

**Mr. Bill Walker:** Thank you, Mr. Chair. That's flying.

**Hon. Dipika Damerla:** If I may, MPP Walker, I need to clarify, because I think there is a difference in understanding, on your part, as to what we are saying.

The 35,000 redevelopment that you're talking about is the existing footprint. It has absolutely nothing to do with the 10,000 beds that came online. They're two parallel tracks for two very different things.

What we said was that we would redevelop 35,000 beds—the existing footprint; the older set of long-term-care beds. Of those 35,000, 5,000 have already been done. We announced phase 2 of it in October 2014, which is the enhanced redevelopment. Through that, I'm proud to say, we have now about 1,000 beds in the new phase 2 that are ready for redevelopment and have been approved for redevelopment.

Completely separate from this 35,000 original—5,000 done; 30,000 left; another 1,000 of the 30,000 done, so essentially, 29,000 more beds to be redeveloped, per our target—

**Mr. Bill Walker:** I keep coming back to the plan for those 29,000: when and where and how much?

**Hon. Dipika Damerla:** I'd be happy to answer that once you let me finish answering this one.

Completely separate from that is the addition of 10,000 new beds. You really need to unpack the two. One is new footprint that we've added since 2003; the other is redeveloping an existing footprint of 30,000 beds that may have been built in the 1970s, 1980s or 1990s. I hope you're clear on that.

**Mr. Bill Walker:** So you've got two separate piles. You've unpacked it. I've got all that. Why won't you give the plan of when and where if you know all of this stuff?

**Hon. Dipika Damerla:** I just told you, and I'm happy to actually go through some of the redevelopments that we've already announced. I've just told—

**Mr. Bill Walker:** No, I don't want to hear the redevelopments. I want to hear where your plan is for going forward. Why can't you give me a plan that tells me—

**Hon. Dipika Damerla:** I am giving you a plan.

**Mr. Bill Walker:** —how many beds you're going to build in 2016, 2017 and 2018? There are a lot of people who aren't getting long-term-care beds who are in a hospital, which is our most costly form of health care, because they can't get into that long-term-care facility. You haven't yet, in the numerous times I've asked you, given me the plan of how many more beds are going to be built this year and where.

**Hon. Dipika Damerla:** Are you talking redevelopment or are you talking new footprint?

**Mr. Bill Walker:** You can give me both numbers, redeveloped and new. I think you've addressed that there's a need for both, so what are those needs? Give me the total number of beds and where you're going to build them and when.

**Hon. Dipika Damerla:** Okay. I just told you, and I'm going to repeat it, this year, say from January, we have

announced 1,000 beds for redevelopment. We have approved them.

**Mr. Bill Walker:** Where?

**Hon. Dipika Damerla:** Let me give you the list, because—

**Mr. Bill Walker:** Excellent. We're making progress.

**Hon. Dipika Damerla:** —the last time I was trying to, you interrupted me. On April 4, 2016, in the city of Stouffville: 112 beds. Of that, we have approved 31 beds for redevelopment. At Faith Manor—that was on April 7, 2016, in the city of Brampton—we announced 120 beds being redeveloped.

**Mr. Bill Walker:** Minister, if you'll indulge me, you can pass me that on a piece of paper and I can read that. Can I ask you another question now?

You're talking about 1,000 beds. There are 25,000 people on a waiting list. What I want to address for the people of Ontario is, what are you doing to address the 25,000-bed waiting list?

**Hon. Dipika Damerla:** What we are doing is that we have brought online 10,000 new beds, as you know, and we have invested more in home care. That is very critical. Every time we invest more in home care, it takes pressure off that wait-list, because what Ontarians have told us loud and clear is that if they can, they would rather be in their own homes than be in a long-term-care home.

**Mr. Bill Walker:** Some can be in their own homes, absolutely. Keeping people home is a wonderful initiative and we all support that, but not for the people who need a long-term-care facility.

**Hon. Dipika Damerla:** I understand that.

**The Vice-Chair (Mr. Michael Mantha):** Can I just jump in, members? Can you try and not talk over each other, so that you can share the information so that the rest of the committee can benefit from the information?

**Mr. Bill Walker:** Certainly, Mr. Chair.

**The Vice-Chair (Mr. Michael Mantha):** Go ahead. Finish.

**Hon. Dipika Damerla:** So—sorry, I lost my train of thought. What I was saying was that you have to recognize our investments in community care, because they're a crucial part of addressing that wait-list issue. We have come a long way in addressing that wait-list issue. In fact, wait times are down compared to four years ago. So that's really critical.

Then the third piece is, indeed, our capacity plan, which is going to look at if we need new beds going forward. If we need new beds, where do we need these new beds? How many of them do we need? What kind do we need?

I have told you that we are at the tail end of that kind of analysis and we look forward to coming forward with a plan on that. There are really three parts to this plan: redevelop the existing footprint, invest more in community care, and then a robust, evidence-based plan on what we need to do in terms of adding capacity.

**The Vice-Chair (Mr. Michael Mantha):** On that note, thank you, Associate Minister.

On va maintenant passer la parole à M<sup>me</sup> Gélinas pour le parti NPD.

**M<sup>me</sup> France Gélinas:** Merci, monsieur Mantha.

I am drilling down a bit on the question. Remember, I was at the 10,000-foot level. I'm now on ground level.

We've talked about the public dental program, mainly for children. Now I would like to know if there is any money whatsoever in last year's or this year's budget for adults with dental needs. We know that we have 61,000 visits a year to emergency rooms for dental programs. That's every nine minutes. We know that we have 200,000 visits to physicians' offices for dental programs, but very low public dental programs. There's one in Peel, actually, with a wait-list of 24 months. Is there any money at all for dental programs for adults? I'm expecting a number.

1700

**Mr. Patrick Dicerni:** My name is Patrick Dicerni. I'm the assistant deputy minister of our strategy and policy division at the Ministry of Health and Long-Term Care.

Thank you for the question, Madame Gélinas. Broadly speaking, the initiative that that would fall into is our low-income health benefit. That is a piece of work that my division, at the request of the minister and the deputy, is working on, but there isn't money that we have identified in this year's current budget that we would implement in an encompassing low-income health benefit.

**M<sup>me</sup> France Gélinas:** You don't have a forecast for the next year, by any chance? Can you give me hope, or is there no hope in sight?

**Mr. Patrick Dicerni:** I could give you some hope on the basis that we are actively developing what elements of a low-income health benefit would be, but we're not at the point of articulating or communicating what a potential allocation or spend would be against what could be multiple elements of a low-income health benefit, including access to adult dental care.

**M<sup>me</sup> France Gélinas:** Are there any external stakeholders who sit at that table you're referring to?

**Mr. Patrick Dicerni:** Right now this is internal ministry policy work. We're working with our other ministerial colleagues, including the Ministry of Community and Social Services and the Ministry of Finance.

**Hon. Eric Hoskins:** You are probably aware, as well, that in my mandate letter—in terms of giving you hope—it specifically references looking at the potential for a sustainable low-income health benefit as part of my mandate.

**M<sup>me</sup> France Gélinas:** Okay. Thank you.

I'm jumping around. Again, we have looked at return of service before. This time I would really like to focus on—that was a program that was in place from 2000 to 2008, and it was basically a return of service, mainly family physicians who would go back, become specialists and return to service in underserved areas, which is what I represent.

I know that many of them never did their return of service. I'm wondering if you are still collecting from



that group, and if you can show me how much money is being collected from that group; that is, the group from the years 2000 to 2008. It was actually Minister Smitherman who was the lead on that at the time. Is there any way to find out how much money we're collecting from those people who never returned, as well as how many physician specialists we are talking about who did that program but never did their return-of-service obligation?

**Hon. Eric Hoskins:** I believe we have some additional information that we can share with you in that regard.

**Ms. Denise Cole:** Hi. I'm Denise Cole, the assistant deputy minister for health workforce planning and regulatory affairs with the Ministry of Health.

Madame Gélinas, as you know, there are a number of components to the return-of-service program. The one that you had asked about in the last session was the re-entry return-of-service program. That was the two-year one. Is that the one you're referencing?

**M<sup>me</sup> France Gélinas:** That's the one I referenced way back. Now it's the one that was from 2000 to 2008. It went on for about eight years, and it was for family physicians who would go on to take four to five years' training—that would bring them to 2013—and never came back to the north to do their return of service.

**Ms. Denise Cole:** That is the general return-of-service agreement program. That is still an ongoing program. To give you the numbers on that one, since 2003:

- approximately 2,900 individuals have signed an ROS agreement;

- 820 successfully completed their five-year ROS obligations;

- 630 of those 2,900 are currently returning to service as qualified physicians in an eligible community within Ontario;

- 1,270 of those are completing their residency training, and that ranges anywhere from two to seven years; and

- 170 are not fulfilling their ROS obligation, out of 2,900.

As of May 2016, of the 170 who did not fulfill their obligation, approximately 50 have repaid an estimated \$5 million towards their training costs, so therefore they have been released from their obligation. The remaining 120 we continue to pursue for potential repayment.

**M<sup>me</sup> France Gélinas:** How hopeful are you that if 50 of them give us \$5 million—I'm strong in math—120 of them would give us \$12 million? How hopeful are you that we will get that \$12 million?

**Ms. Denise Cole:** We are. We first try to do our internal work. We do this in partnership with HealthForce-Ontario. Then we refer it to the Ministry of Finance, and then we go to a private collection agency to try to pursue the outstanding debt. But we pursue as much as we can, and we are actually working on revising the policy around when a loan can be forgiven, because there really shouldn't be any circumstances under which we are forgiving any loans.

How hopeful are we? I can't specifically answer that. How determined are we and how dogged are we? We are.

**Hon. Eric Hoskins:** Can I also, if you'll allow me, put it into context? Of the 2,900, those figures demonstrate that roughly 50% have either completed their return of service or are completing it; about 40%, I believe, are undergoing and continue to undergo residency training; and less than 5% are in that position where we are pursuing them for lack of completion of the ROS obligation.

**Ms. Denise Cole:** Actually, it's 4.43% that haven't fulfilled.

**M<sup>me</sup> France Gélinas:** Okay. If you look through the books, do they show right now as a \$12-million recoverable, or do you put it at a lower amount?

**Ms. Denise Cole:** I don't have that specific number, because it varies depending on the program that the individual is in, but I can follow up and get you the actual number that the 120 represent.

**M<sup>me</sup> France Gélinas:** I would very much appreciate that. Thank you.

**Ms. Denise Cole:** You're welcome.

**M<sup>me</sup> France Gélinas:** I'm jumping to long-term care. Is there an increase to the food per diem in this budget for long-term-care homes? Right now, it's at \$8.03.

**Hon. Dipika Damerla:** Indeed, there is. We can get you some more detail—

**M<sup>me</sup> France Gélinas:** Either the percentage or what it will come to this year.

**Hon. Dipika Damerla:** Yes, we can share that with you.

**M<sup>me</sup> France Gélinas:** All right. Is there an increase in the "other accommodation" line in the per diem, and what will that be?

**Hon. Dipika Damerla:** As you know, a portion of the "other accommodation" is funded by copay, a big portion of that. We can get you numbers on the ministry's portion of the OA and what that would be like.

**M<sup>me</sup> France Gélinas:** Is the copay going up?

**Hon. Dipika Damerla:** The copay is not going up, other than the standard inflationary adjustment.

**M<sup>me</sup> France Gélinas:** Okay. What was the standard inflationary adjustment at this year?

**Hon. Dipika Damerla:** I believe it was—was it 1.5% or 1.3%, the inflationary adjustment?

**Dr. Bob Bell:** It's CPI.

**Hon. Dipika Damerla:** It's just what the CPI is. It's the CPI; we can get you the CPI number.

**M<sup>me</sup> France Gélinas:** Okay, so the copayment will go up. How much the ministry will pay in the "other accommodation" line, you will give me the difference, as well as how much the food per diem will go up? You will give me those numbers?

**Hon. Dipika Damerla:** Yes.

**M<sup>me</sup> France Gélinas:** Okay. I see somebody behind you.

*Interjections.*

**M<sup>me</sup> France Gélinas:** So it's coming, or it's not?

**Hon. Dipika Damerla:** We'll endeavour to get you what we can, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Okay. The next one has to do with the Health Infrastructure Renewal Fund. I've asked



some questions about this, but I'm still not clear. Since the community health centres became eligible for assistance from the Health Infrastructure Renewal Fund, has this fund been increased as a result of the inclusion of the CHCs? And I'm between two now: Is there any intention of putting long-term-care homes as eligible for the Health Infrastructure Renewal Fund?

1710

**Hon. Dipika Damerla:** It's really important that conceptually, long-term-care homes are not funded as a capital asset, because the province doesn't own the long-term-care home. It's owned by the municipality, the for-profit or the not-for-profit. What we do is provide a construction funding subsidy over a period of the licence, which could be 25 to 30 years. It's funded from the operating budgets, and that's—

**M<sup>me</sup> France Gélinas:** I'm fully aware. I'm just asking you if you had looked at funding this differently for not-for-profit homes.

**Hon. Dipika Damerla:** From an accounting perspective, it would not make sense to fund it from a capital budget when the ownership lies somewhere else. This is actually a more efficient way from how we are spending government funds—

**M<sup>me</sup> France Gélinas:** So the answer is no? I'm okay with this. I'm not arguing what we're doing now. I just want to ask the question and have you on the record.

**Dr. Bob Bell:** Madame Gélinas, you were asking a question about the CHC and the Community Capital Fund.

**M<sup>me</sup> France Gélinas:** Yes.

**Dr. Bob Bell:** Mr. Kaftarian could describe that.

**Mr. Peter Kaftarian:** I'm Peter Kaftarian. I'm the executive director of the health capital division in the Ministry of Health.

For community infrastructure, this year we rolled out a community infrastructure fund. We did a survey with community providers last fall, and we are just in the process of rolling out the fund this year, to target for community providers for minor infrastructure renewal things, similar to the kinds of things that HIRF does but focused specifically on community.

**M<sup>me</sup> France Gélinas:** Okay, but is this a fund different from the Health Infrastructure Renewal Fund, where a community health centre can now apply to?

**Mr. Peter Kaftarian:** Yes, it is different.

**M<sup>me</sup> France Gélinas:** It is different.

**Mr. Peter Kaftarian:** Yes.

**M<sup>me</sup> France Gélinas:** So how much money are we talking about?

**Mr. Peter Kaftarian:** For this year, the approach we're piloting is \$5 million.

**M<sup>me</sup> France Gélinas:** Wow. When will you roll this out?

**Mr. Peter Kaftarian:** We're in the process of rolling it out right now. Through the survey that was released last fall and the information we gathered, we were able to run it through some criteria in order to allocate, by LHIN, an estimated amount of funding that could be provided

for these types of maintenance projects. The applications were to be submitted to us for assessment. We're in the process of reviewing those applications that have been submitted.

**M<sup>me</sup> France Gélinas:** The fund will be called the community infrastructure fund, and it will be separate from the Health Infrastructure Renewal Fund?

**Mr. Peter Kaftarian:** Correct. Just a point of clarity: The HIRF program is the hospital infrastructure renewal fund. That is specifically for hospitals. That program has grown from \$56 million to \$175 million since 2014. We've significantly increased the investment in that program.

**M<sup>me</sup> France Gélinas:** Okay, but I thought that since community health centres became eligible for assistance from the hospital infrastructure renewal fund, it was called the Health Infrastructure Renewal Fund. I dreamed that up?

**Mr. Peter Kaftarian:** It's a separate fund.

**M<sup>me</sup> France Gélinas:** It's a separate fund.

**Mr. Peter Kaftarian:** Yes. CHCs, for example, can also submit applications for community infrastructure funding. So, for example, if a CHC wants to expand their program—if they're delivering more services—they can put an application in through the LHIN for consideration, through our community fund. But this community infrastructure fund is specifically targeted to—like, you've got basic maintenance things you need to do within accessibility requirements, and you may need to put basic maintenance in, not program-based applications.

**M<sup>me</sup> France Gélinas:** All right. I'm still confused. The community infrastructure fund is for maintenance for community-based health agencies.

**Mr. Peter Kaftarian:** Correct.

**M<sup>me</sup> France Gélinas:** And what you call the hospital infrastructure renewal fund is solely for hospitals?

**Mr. Peter Kaftarian:** Correct.

**Dr. Bob Bell:** We've got a HIRF and CIRF.

**M<sup>me</sup> France Gélinas:** Oh. Okay.

**Le Vice-Président (M. Mantha):** Madame Gélinas, il vous reste cinq minutes.

**M<sup>me</sup> France Gélinas:** He's stressing me. I'll move on, then.

Back to hospitals, but this time it's more operational: We have the 1% base funding increase for hospitals, and the 1.1% funding for post-construction operating funds for provincial priority programs. How do I find out where this money has gone and where this money will go, per hospital, per LHIN? Do you have a nice big chart for me?

**Dr. Bob Bell:** We do. We do have a big chart.

**M<sup>me</sup> France Gélinas:** I would not want you to read that big chart, but I would want you to share that big chart. Is that okay?

**Dr. Bob Bell:** We can certainly look into that, Madame Gélinas.

**M<sup>me</sup> France Gélinas:** That's not a yes.

**Hon. Eric Hoskins:** Do you mind repeating your question in terms of specifically what information you're looking for? We might be able to glean it from—

**M<sup>me</sup> France Gélinas:** I'm looking for, per LHIN, per hospital, the amount of money that the government is going to share with each hospital, through their LHINs, on the base funding increase and the additional 1.1% funding.

But I'm also interested in all the other funding envelopes, whether they will be the ambulance offload delays, the pay-for-performance emergencies—all of the others.

**Dr. Bob Bell:** If I may, Minister, the various headings that go into comprising a total estimate of hospital funding include the base funding from 2015-16 and the overall increase in the base hospital funding investment, the overall increase related to their HBAM investment, the health-based allocation, the 2015-16 hospital base funding, pressure funding, as well as renewed base funding based on one-time funding. So a variety of different headings go into the calculation of the \$345 million of increased funding, including, as you've described, the PCOP funding.

We'll certainly see if we can make all this available to you.

**M<sup>me</sup> France Gélinas:** And will it come up to the amount that we use in the House all the time, the three hundred and—

**Dr. Bob Bell:** Forty-five, yes.

**M<sup>me</sup> France Gélinas:** It will come up to that?

**Dr. Bob Bell:** Yes.

**M<sup>me</sup> France Gélinas:** Okay. The more headings, the better. I like the big chart. Thank you.

Do we keep track of the number of RNs, RPNs and PSWs who work in our hospitals, either by hours worked, full-time equivalent or anything of the sort?

**Dr. Bob Bell:** We do have the total information for the province based on the College of Nurses of Ontario, based on RNs and RPNs, the numbers that are registered in the province and the numbers that are working in hospitals. We have that information. PSWs—I don't think we have that information.

*Interjections.*

**Dr. Bob Bell:** I'm confirming from Denise—why don't you come and sit with us, Denise? There's probably another question to follow. We do know the number of RNs and RPNs working in hospitals.

**M<sup>me</sup> France Gélinas:** Okay. So we would know through the college if they indicate, but they very well may work in the hospitals; they may work for a CCAC; they may do private nursing. When you renew your licence, you identify to your college where you work, but you may work at more than one. If I'm interested in looking at it through the view of our hospitals, as in how many hours of those different professions, do we keep track of that? Or do we only have the data coming from the college?

**Dr. Bob Bell:** The CIHI data relates to nursing. I'm not sure we split it out into RN and RPN.

**Ms. Denise Cole:** Actually, the CIHI report—they do their calculation a bit differently. What CIHI does is report on the primary employment. Although they look at their source, or the numbers from the College of Nurses,

the way they do their calculation is, they segregate the data a bit differently, where they would look at the primary employment.

**M<sup>me</sup> France Gélinas:** Okay.

**The Vice-Chair (Mr. Michael Mantha):** On that note, thank you, Ms. Cole.

Merci, madame Gélinas. C'est le temps de passer la parole aux libéraux : M<sup>me</sup> Naidoo-Harris.

**Ms. Indira Naidoo-Harris:** Merci beaucoup. Minister Hoskins, my question is for you. We all know that primary health care providers are essential allies in health care delivery. In fact, you may say that they're the front line when it comes to providing the vital care that people need when they need to get well.

Timely access to primary care is the key to keeping Ontarians healthy. If people can quickly access their family health care provider when they need assistance, it can prevent them from becoming sicker and requiring more acute and costly levels of care. In fact, access to care where and when people need it can actually help patients avoid a visit, for example, to the emergency room and can prevent conditions from becoming worse. That's why providing care where and when people need it is a pillar of our Patients First strategy.

**1720**

Timely access allows patients and providers to better manage chronic diseases like diabetes and cancer, and by doing so, patients avoid crowded wait rooms and get better faster. Access to quality primary care expediently is a key pillar of health care in our province. When people can have their ongoing health care needs met close to home, illnesses, as we all know, can be better managed.

Minister, can you please provide this committee with an update on just what exactly the ministry is doing to enhance primary care in Ontario? And if you can please shed some light on some of the new initiatives that will improve primary health care delivery.

**Hon. Eric Hoskins:** Certainly. I'm going to make some remarks but I'm also going to ask Director Graham to join me because he can go deeper into this extremely important issue, which, quite frankly, is one of the foundational pieces of our Patients First approach to the delivery of health services.

You referenced timely access, for example to a primary care provider. That measurement is really more of an output than an outcome. It doesn't necessarily guarantee improved health but it certainly is a gateway to that. And it's an indicator that's very important to Ontarians as well. We've seen that through surveys and interacting with patients and Ontarians: that their ability to access their primary care provider is an important indicator for them with regard to their ability to maintain or improve their own health. It's one area where we're working very hard to continue to improve that access. There are certain models of care which are aimed to further enable that timely access which is so important.

Even though we're talking about primary care, it's something that obviously needs to and should extend to access to specialists as well.



It's an important area, and there's no question that there is more work to be done. In some respects it's a bit counterintuitive, but there was a recent study done that indicated—it might have been CIHI; I'm not sure—that the best primary care providers in terms of providing that access are fee-for-service doctors in the province. There is room to grow and improve among our family health teams.

It's not a challenge that's unique necessarily to Ontario, but it is one of many indicators. It is a fundamental principle—that principle of access. Whether you measure that in terms of the percentage of Ontarians who are attached to a primary care provider—I know we all default to the family doc, but it can also be other health care providers, including nurse practitioners. We have 25 nurse-practitioner-led clinics in the province that are functioning exceptionally well. In fact, when you look at satisfaction surveys from patients and clients, among the highest—if not the highest—in the province generally tend to gravitate towards our nurse-practitioner-led clinics. There's a tremendously high level of satisfaction with regard to how patients view their ability to access and the care that they receive. So it's important that we look at the full spectrum.

Patients First, in a general—hopefully not oversimplified—sense, really is aiming to turn the lens around. Where we so often look at the delivery of health services down the lens of the programs that we provide or the various silos of the health care system or a hospital environment or home care or long-term care, this turns it around. The person who's looking down the lens is not the health care provider; it's the patient. What is the patient's perspective in terms of what their experience should be and how we can improve that experience?

That's really the focus of Patients First: to imagine, from the patient's perspective, how we can provide a more coordinated health care experience where we can reduce wait times and improve access, where we can improve the overall quality so that patient experience is higher and where we can better integrate all the different pieces of health care, including primary care.

I'm going to ask Phil to expand on this because this is an area for which not only is he responsible but he's particularly talented in.

**Ms. Indira Naidoo-Harris:** It's really just about customer service, isn't it, in some ways, putting that lens on it when we're looking at the patient.

**Hon. Eric Hoskins:** Yes. It's not particular to government, but I think that if more of us thought about our role as, in part, delivering the best possible customer service that we can, that helps us understand that lens that we should be looking at things through—and understanding that the health care system isn't the government's health care system; it actually belongs to and is owned by the people of this province. So we continually need to rethink how we're delivering those services in a way that does provide the highest quality of care, measured not necessarily by us, measured scientifically and objectively of course, but measured in terms of the patient experience.

**Ms. Indira Naidoo-Harris:** Almost a living entity.

**Mr. Phil Graham:** Thank you, Minister, and thank you for the question.

I think it's important to revisit, in the lead-up to your question, what you're talking about in terms of the important role that primary care plays, not only in the health and well-being of Ontarians but in terms of the overall functioning of the health care system. It's important just definitionally, to describe primary care as simply the entry point to the health care system. It is, for most Ontarians, the first point of access, not only in seeking care directly but also in accessing other parts of the health care system and, increasingly, other parts of the social services system as well. In addition to referrals to specialists for surgical procedures, primary care providers are increasingly playing a role in helping their patients navigate to community support services and other services that they rely on.

We know, through evidence, that how a primary care sector performs actually has an influence on how the broader health care system is performing. Foundational researchers such as Barbara Starfield have demonstrated that jurisdictions that have a strong foundation of primary care actually are associated with better health equity as well as overall better system performance.

In Ontario, when it comes to primary care, I think it's fair to say that we've come a long way. There have been 10 to 15 years of reform in Ontario's primary care sector, and I think it's safe to say that how Ontario's primary care sector looks today is quite different than how it looked over a decade ago.

One of the features of the reform that we've gone through has been changes to physician practice models, and these have been well documented. Up until about the early 2000s, the majority of family physicians—about 90%—practised by themselves in a solo-practice model where their compensation was provided solely on a fee-for-service basis. As the minister alluded to, this model does have its benefits, but it was shown at that time that it was not meeting the needs of all Ontario's patients, or meeting the needs of providers.

New practice models were introduced beginning in the mid-2000s. The new practice models have many features. One of them is that they have physicians working in groups, or group practice models. These group practice models really help to ensure that physicians are less isolated in their practice, particularly in the northern and rural areas, where there could be far distances between them and their colleagues. It also helps them to leverage the skills of colleagues within their practice setting to improve the care that patients are getting. One physician may have a particular specialty in palliative care and others in geriatrics. Having these groups work together to improve care for patients is one of the ideas behind the group practice models. The group practice model helps to improve access to some degree, where physicians connected through a secure electronic medical record can cover each other off when a particular physician may be out of the practice.



Another feature of the new practice model that has been introduced is around comprehensive care. Comprehensive care promotes a broader range of services that include disease prevention, health promotion and chronic disease management as well as other services. At the time, it was seen that this comprehensive suite of services were more appropriate to meet the needs of an aging population. It broadens the focus in these practice models from the treatment of a particular ailment or the treatment of a particular disease to the more holistic care of a patient. Payment out of these models was certainly aligned to address the goal of comprehensiveness.

An important feature of these models that have been introduced is also a voluntary patient enrolment process. This really speaks to the heart of good-quality primary care, which is the importance of that clinician-patient relationship: this notion that there needs to be trust involved so that the patient knows that their provider is aware of their health condition but also their family history, their living circumstance and equally that the physician is familiar with the needs of that patient. So this voluntary patient enrolment process really formalizes that relationship between a clinician and their patient and is a strong feature of these models.

1730

We started off in the early 2000s with about 90% of physicians and the majority of Ontarians seeking care in the solo-type practice model. Over time, we've seen 9,000 family physicians join these models and about 10.5 million patients formally enrol in these models. So there's considerable progress in moving from this sector that was primarily focused on solo-physician practices with sometimes loose affiliation between the clinician and their patient to comprehensive care with a lot more of a formalized relationship.

Another key feature of the reform that we've gone through over the past decade has been the introduction of interprofessional and team-based primary care. These are really delivered through four main models of interprofessional teams. The four are: aboriginal health access centres or AHACs, community health centres or CHCs, family health teams, what we call FHTs, as well as nurse-practitioner-led clinics or NPLCs.

Basically these organizations bring together a range of professionals and deliver services and programs that are needed by the patient population or the community they're serving. In total, they're just shy of about 300 of these organizations and, collectively, they're serving about four million Ontarians.

What makes these models unique is that they include such a broad range of professions and professionals who deliver services and programs as part of a team. They can leverage the expertise of mental health counsellors, psychologists, traditional healers, social workers, dietitians, pharmacists, registered nurses, registered practical nurses, nurse practitioners, along with physicians, to deliver these patient and community-based programs.

There are many ways that we've seen, through evaluations and reviews of their reports, that these interprofessional teams are really changing the primary care

landscape in Ontario. One is around access. We know that these interprofessional teams have actually attached about 900,000 Ontarians who previously did not have a family health care provider.

Also, they're looking at ways of improving different types of access, for example, through house calls. Many of these primary care teams are delivering models of home-based care to make sure seniors and those with mobility challenges don't have to come to the clinic to seek their primary care services.

We're also seeing innovations in terms of the question you asked around same-day, next-day access: these clinics tweaking their practices to be able to accommodate patients who are seeking a service on the same day or next day.

We also see, increasingly, these teams leverage technology to offer appointment reminders through email; the opportunity for patients to book an appointment online as opposed to having to call into their busy clinic, and examples like that.

We also know that these teams are making considerable advances in quality and quality improvement. In partnership with Health Quality Ontario, HQO, all of these nearly 300 teams are submitting annual quality improvement plans, or QIPs. Quality improvement plans have some core measures that all of these teams are identifying where they're at and what they're doing to improve upon.

The three measures for the primary care teams are timely access through same-day, next-day appointments; timely appointments post-hospital discharge as a way of continuing to improve the collaboration they have with their community hospitals; as well as measures of patient experience and the extent to which these teams are acting on patients' experience as derived through regular patient experience surveys.

The quality improvement plans that are developed and tracked annually by these teams are publicly reported on the Health Quality Ontario website. So teams and their patients can continue to look at how they're improving year over year on these dimensions of quality.

We also know that one of the strong points that these teams are really leading on is collaboration and partnership with community partners in the delivery of the services and programs that they're working on. For example, one team we know has partnered with their local municipality to prescribe gym memberships as part of their health and wellness program. A patient comes in, they're seen as benefiting from increased physical activity, and that patient would receive a prescription to a discounted gym membership that the municipality has contributed to, where a dietitian or a health promoter can work with that patient to make sure that they're getting the physical activity and other supports that they need to improve their health and well-being.

**Le Vice-Président (M. Michael Mantha):** Madame Naidoo-Harris, vous avez quatre minutes qui restent.

**Ms. Indira Naidoo-Harris:** Sorry?

**The Vice-Chair (Mr. Michael Mantha):** You have four minutes left.

**Ms. Indira Naidoo-Harris:** Oh, thank you.

**Mr. Phil Graham:** Shall I continue? Yes? Okay.

Another team, as a part of the example of collaboration, serves the urban aboriginal population in a northern Ontario community and partners with a local community service agency to arrange for transportation to and from primary care appointments and specialist appointments as well. There are several other examples of how these teams are advancing partnership and collaboration.

We also know that many of these interprofessional teams are really addressing some health equity concerns that are experienced in their communities. I think that community health centres, in particular, and our Aboriginal Health Access Centres are showing tremendous leadership in this regard, where they're providing specialized programs and services to First Nations communities, to those in homeless shelters and to others who traditionally have barriers to access. For example, particular programs are offered in CHCs and some family health teams to special religious groups, such as the Mennonite population.

In the case of Aboriginal Health Access Centres, a very unique model in Ontario, a very unique model, actually, nation-wide: Our AHACs are serving about 93,000 First Nation and indigenous clients. They have a very unique model of care where they bring to bear spiritual, emotional, physical and mental health programs catered to the needs of the populations they're serving.

Now to things that we are doing proactively, building on this progress: We know, for example, as the minister indicated earlier, that we have 94% of Ontarians who now report having regular access to a primary care provider. It's an increase of about 1.4 million from the surveys that we did over a decade ago. We're continuing to improve on how primary care is responding to the needs of those individuals.

In the 2016 budget, for example, there was an announcement for \$1.3 million to support our aboriginal health access centres. That \$1.3 million we're currently implementing to improve how they're able to assess the degree to which they are responding to the needs of their clients. It's really an analytics- and decision-support-based initiative to equip aboriginal health access centres with the data and analytics capacity that they need to evaluate and monitor the impacts that their programs are having.

We've worked quite closely with a sector that has historically reported challenges in doing this. Although they have modern electronic medical records where they can input the date, their ability to actually glean the most benefit from that data has been limited. So there is some ongoing work to work with our aboriginal health access centre partners to implement processes and to provide them resources to build on that capacity, so they'll be able to better report and better understand the impact their programs are having.

**Ms. Indira Naidoo-Harris:** Can I ask you if aboriginal health access centres are leading to greater use of these centres? Is there an increase in traffic to them, from what you can tell?

**Mr. Phil Graham:** We have seen a steady increase in the number of clients served by the aboriginal health access centres, yes. That continues to increase. It's not just for core primary care services. What's unique about the aboriginal health access centres is that they deliver such a broad range of services and programs. Spiritual healing and traditional healing is one of those programs.

So it is unique, and we see a growing volume, but not only for basic treatment services and basic assessments that most folks will go to their primary care provider for. It's for these other add-on services, as well: transportation services, social service supports as well as programs that—

**The Vice-Chair (Mr. Michael Mantha):** And on that note, thank you, Mr. Graham.

Merci, madame Naidoo-Harris. On va passer la parole à M. Jeff Yurek du parti d'opposition.

**Mr. Jeff Yurek:** Merci. Thanks. I'm just going to ask a few questions. Then my colleague Bill will come back in.

I asked the question earlier this morning about medically assisted dying with regard to medication lists. I called area pharmacies in my area, and nobody knew about the list. But thankfully, I tracked down OPA, and they found the list that was introduced yesterday via the Drug Benefit Program.

It has a list of the kits and the PIN numbers and it has maximum reimbursement amount. Could we break down how you came to that amount that would be reimbursed? My understanding is that there's no fee or markup allowed; it's just going to be acquisition cost. If you can break down those amounts for me, how you got to these numbers—for the intravenous IV kit with supplies, maximum reimbursement amount is \$325; back-up kit, \$325; kit with phenobarb and supplies, \$999; and there are a couple more here—how you achieved that number, break it down for me, and then I have another follow-up question on this.

1740

**Dr. Bob Bell:** If I may, Minister? Thanks, Mr. Yurek. We're checking on all those individual medications that you mentioned. Our drug branch is just going to determine exactly what the breakdown is between the drug cost, the overhead cost and the dispensing cost, and we'll give you that information in a couple of minutes, if we could.

**Mr. Jeff Yurek:** Okay. Yes, that would be great, to break that down for me.

Maybe you can answer this question while looking that up. Seeing how you've published what the maximum cost will be, what have you put in place to ensure that the wholesalers supplying these medications don't sell them for more than the maximum cost you're willing to pay pharmacies for dispensing?

**Dr. Bob Bell:** Again, we will get the answer for that for you from our drug program. Here, the answer may be arriving—

**Ms. Suzanne McGurn:** I am here.

The PINs that have been made up include drug cost, markup and a fee per drug. To your question about the



wholesalers, the distribution of drugs in this province, as you know, is facilitated through wholesalers. Our ministry does not intervene in that chain. I certainly would hope that the industry itself would not be using the opportunity of medically assisted dying for markups. We will certainly be watching to see if we hear of any such activity.

With regard to the products, this is early experience, and we will continue to look at other combinations that may be needed. We have communicated to our health professional colleagues that, should there be other combinations of drugs identified in the future, we certainly would not limit them to just the ones that have been included.

I apologize. I'm Suzanne McGurn, ADM of public drug programs.

**Mr. Jeff Yurek:** So you've provided for more than just the cost of the medication? Because my concern is that wholesalers will take advantage of the situation and adjust their prices.

**Ms. Suzanne McGurn:** Thank you for flagging it. We will continue to monitor for that. The sector is quite vocal, and I'm sure I will hear from them should they start seeing behaviour such as you describe.

**Mr. Jeff Yurek:** Good. Thank you.

I have one other question, just a general one, with regard to internal auditing of the Ministry of Health. Have you allotted more funding to increase the internal audit function, seeing how there's been a lot of wasteful spending with CCACs, and previously with eHealth and Ornge? But with regard to the transition, you're undertaking to ensure that we're keeping our money in check as we transition and there's not wasteful spending, and there are more internal audits going on, going forward—and if there's been an increase in funding to deal with that?

**Dr. Bob Bell:** Mr. Mike Weir is our chief administrative officer and ADM. Mike?

**Mr. Mike Weir:** Thank you. The internal audit budget—

**The Vice-Chair (Mr. Michael Mantha):** Can you please introduce yourself for the record?

**Mr. Mike Weir:** Oh, thank you. The deputy, I thought, just did it. My name is Mike Weir. I'm the assistant deputy minister for corporate services at the Ministry of Health.

**The Vice-Chair (Mr. Michael Mantha):** Thank you.

**Mr. Mike Weir:** If one of my guys could just find the number—what I want to tell you is that our internal audit budget does fluctuate year over year, depending on the size of our audit plan and depending on the priorities that we have. I think I answered a question from you on day one or day two with respect to the interim actuals versus what the estimates were for 2016-17. My answer was that we're building our audit plan now for 2016-17, and the internal audit staff are actually staff of the Treasury Board Secretariat. Once our audit plan is built, we will get a chargeback from the Treasury Board Secretariat, which will pay for our internal audit.

**Mr. Jeff Yurek:** Thank you. Bill?

**Mr. Bill Walker:** I will start off with the associate minister. Minister, of the \$70,180,700 investment into long-term-care homes on page 144 of the estimates book, how much will actually go to growing capacity?

**Hon. Dipika Damerla:** Sorry, can we just look at—what page did you say?

**Mr. Bill Walker:** Page 144.

**Dr. Bob Bell:** That's the incremental amount, \$70 million.

**Mr. Bill Walker:** Yes.

**Hon. Dipika Damerla:** You're talking about how much will go to what, sorry?

**Mr. Bill Walker:** How much going into long-term-care homes will go into growing capacity? What percentage of that \$70 million is specifically directed there?

**Hon. Dipika Damerla:** The entire \$70 million will go to increasing their operating funding.

**Mr. Bill Walker:** Their operating funding.

**Hon. Dipika Damerla:** Yes—all long-term-care homes that will see an increase to their funding.

**Mr. Bill Walker:** Can you be more specific?

**Hon. Dipika Damerla:** I can be specific. What we are saying is that we are growing the pie by 2% for funding, the operating funding. It's nothing to do with new beds. For the existing footprint, we are increasing the funding pie by 2%.

How much each long-term-care home in that pie, what percentage of that they get, is also a function of their case mix index, which changes from year to year. What I can assure you of is that generally, across the system, we are increasing funding by 2%, and what a particular individual long-term-care home might get would be a function, of course, of the increase, but also their case mix index.

**Mr. Bill Walker:** Can you give me any kind of a sense of what the overall increase to their actual operating budgets is? If we look at the Green Energy Act, since 2007-08, hydro has doubled and tripled. That 2% is probably not even keeping pace with just the energy cost increase. How do you only give them 2% if you know that the actual increase is more than that?

**Hon. Dipika Damerla:** The way we have increased—the 2% increase is a combination of looking at the real increase in acuity as well as some function of inflation. We crunched the numbers and we looked at it, and that's how we arrived at that.

**Mr. Bill Walker:** And are you looking at all—one of the things I hear from the operators is on the flexibility of where they actually utilize the envelopes of money. They sometimes are very restrictive and there are very specific settings for how they can best use the money allotted for the front-line care. Can you elaborate on that a little bit, on where you're actually willing to be flexible and give them more flexibility to do it?

**Hon. Dipika Damerla:** I am going to agree with you that the long-term care act is fairly prescriptive. One of the reasons we are prescriptive in terms of how we would like operators to spend the money is to make sure that the money is spent where it ought to be. If we are giving money for raw food or we are giving money for their



nursing needs, we want to make sure that that money goes there. I think it's a good way.

Within the envelope, there is obviously some flexibility. Homes also get from the province—they can get topped up, based on their case mix index or if they have—there's a pot of money that is for if they have certain residents who might need extra care over and above what's required. So we do look at that acuity piece to fund them. But in general, I am quite comfortable in being prescriptive and sweating the four envelopes that we do, because that gives us assurance that homes are spending the money where it ought to be spent and that money isn't being taken from one pot to be spent elsewhere, and care might suffer.

**Mr. Bill Walker:** Are you suggesting, though, that if a home comes to you and can prove to you that they need that flexibility, even though the current legislation is very prescriptive and doesn't allow them, you would be willing to take a look at that and provide some assurance that they can actually do that? Because at the end of the day, it's all about the patient. I get that you want to have some accountability for them, but what I'm hearing from them is that in many cases, it's actually not getting to the resident. It's not actually being able to be increased for better care, because it's too prescriptive.

**Hon. Dipika Damerla:** I'm going to disagree with that. I think what we have done—we have a really good system where we have some flexibility within the four envelopes, but they are the four main envelopes that we fund. You're probably familiar with them, but they're nursing and personal care, programming and support services, raw food, and other accommodation. I want to make sure that if you're funding nursing and personal care, that money is spent on that and it's not going to other accommodation or to pay for property taxes or something. I want to make sure that the money we have set aside for their nursing care goes to nursing care.

We have a very sophisticated system of capturing the complexity of resident care that each long-term-care home has. Our funding is quite tailored to the case mix index of that long-term-care home.

1750

So we do spend a lot of time trying to work with the long-term-care home to see what is the kind of funding they need. Once we settle on that, then I think we have a good system to ensure that the money is sweated.

**Mr. Bill Walker:** Thank you. Switching gears a little bit, besides the \$10 million committed in the budget, how much of the \$44 million in annual base funding for Behavioural Supports Ontario is allocated to help long-term-care residents?

**Hon. Dipika Damerla:** This question has already been asked by MPP Yurek. We said that we would try and get him those numbers, and we still intend to try—and get you the numbers as well, now.

**Mr. Bill Walker:** Can you give me any kind of a sense of when we might expect those answers?

**Hon. Dipika Damerla:** We'll try our best to get you the answers.

**Mr. Bill Walker:** Can you tell me a time frame? Because I might be here in 10 years; I may not be here in 10 years. I think Mr. Yurek is hopeful that it's not going to be a 10-year period.

**Hon. Dipika Damerla:** We will try and get you the numbers as and when we are able to do that.

**Mr. Bill Walker:** Would you commit to a 30-day period, which is fairly graceful?

**Hon. Dipika Damerla:** I believe that under the committee's rules, and I'd like to ask the Chair to rule on that—

**The Vice-Chair (Mr. Michael Mantha):** Mr. Walker, I think you've received a response. I think it would be efficient for you to make good use of your time and move on with your questions.

**Hon. Dipika Damerla:** Thank you, Chair.

**Mr. Bill Walker:** In 2016-17, CCAC funding increased by more than \$135 million. Last year, the Auditor General wrote an entire report about how inefficient the community care access centres are. Could you explain why agencies that operate with 39% of their budget going toward administration costs should receive a 5.1% funding increase?

**Hon. Eric Hoskins:** I'll begin by saying that over the course of the last year—and I'll be brief; don't worry—we've benefited from three important reports—the Gail Donner report on home and community care, as well as the two Auditor General reports—and they identified for us that there needed to be transformational change in the way home care is delivered in this province.

Included in that percentage that you referenced, which was the AG's percentage, was a significant allocation that goes towards care coordinators within the CCAC system. I think it's important—and I think that, largely, we would agree—that care coordinators probably should not be characterized as administrative overhead. They fulfill an important function. That being said, there's no question that efficiencies can and need to be found. The basis for the transformation that has been laid out in the Patients First Act in front of the Legislature is to create that transformation. That being said, the number of clients across Ontario being seen by our CCACs continues to increase. I think, in terms of contacts—they may not all end in actual delivery of services—we're up to about 800,000 across the province on an annual basis. That number, for obvious reasons, is increasing, and it's important that we address that.

Also, it's important to reflect on what Gail Donner said. Her famously oft-repeated quote, as least from me, is, "Form follows function." What's in Patients First, in the proposed legislation, is the form: the governance, the structure. But the function she outlined led to myself—last April, I believe—introducing a 10-point action plan that focuses on function and how we can improve the delivery and enhance the delivery. There was a substantial cost to those 10 points, and it included everything from increasing nursing hours to the PSW wage enhancement as well—which is included in that increase, towards home and community care—to efforts under way

for additional caregiver support, including respite. So there are elements of both, on the form and the function.

We're making the changes in structure and governance, but we need to continue to invest in those important issues, to improve the experience.

**The Vice-Chair (Mr. Michael Mantha):** Mr. Walker, you have five minutes left.

**Mr. Bill Walker:** Thank you.

Minister, if I'm hearing you correctly, you're actually setting targets. You're expecting deliverables in those very specific ones that you've identified and, I trust, others.

**Hon. Eric Hoskins:** Yes—

**Mr. Bill Walker:** That's one of the things that, again, as the opposition, I think our job is to understand where are you going, what is the plan. It's why I keep going back to the number of beds that you said you would build, and why I can't get a very simplistic black-and-white. So in this case, I think I'm hearing you say—

**Hon. Eric Hoskins:** We have a number of performance indicators already in place. We're developing more, and we're finding the ones we have. Measuring the success of what we do is vitally important.

One of my frustrations, when I began to look at home and community care—or the home care services and the services provided with CCACs—is the potential for tremendous variability of the services delivered. You could have two individuals who have essentially the same health care challenges and would be assessed as such, in a similar fashion, but they may actually receive significantly different levels of care, depending on where they reside in the province. I wasn't prepared to accept that.

One of the important functions that we're carrying out—again, part of that 10-point action plan—is to actually create levels of service, to create a uniformity across the province, and in a transparent and accountable way, so that an individual, whether they are a caregiver or a client themselves, based on the very objective assessment that is done of them, will be able to ascertain what they should be able to expect from the government with regard to home care, whether they live in the northern part of the province or the southwest or the east—regardless of that.

**Mr. Bill Walker:** Or the great riding of Bruce-Grey-Owen Sound—

**Hon. Eric Hoskins:** Or the great riding of Owen Sound.

**Mr. Bill Walker:** —where we're getting that new hospital in Markdale very shortly.

It has come to our attention that hospital employees are stripped of their benefits at the age of 70. As all of us know, Minister, this is the time when they're likely to begin to need to use them most. Can you give me an idea—I trust this was a cost-saving measure; I'm not certain if that's the case—of what type of money you actually save by that reduction at 70?

**Hon. Eric Hoskins:** Sorry. I missed the very first part—

**Mr. Bill Walker:** Employees from the hospital are stripped of their benefits at the age of 70.

**Hon. Eric Hoskins:** Do you want to speak to this?

**Dr. Bob Bell:** I think I don't have any—do we have any information on that, Nancy?

*Interjections.*

**Mr. Bill Walker:** I don't have a lot, either. Again, it was from a constituent, just saying, "I'm one of those people. That's when I'm going to need my benefits." It seems kind of ironic that that's when they get stripped of them.

**Hon. Eric Hoskins:** This is something that I'd very much like to bring back to the committee, because it's a very important point that you raise. I'm told by officials that that's not something we are aware of. I'm assuming that you don't have further information or a specific locality that we could reference. Then we could try to ascertain the truth behind that.

**Mr. Bill Walker:** Sure.

**Dr. Bob Bell:** In terms of their retirement benefits, some of that may relate to the hospitals of Ontario pension plan policy. I think it actually stops people paying retirement contributions past the age of 65. But we'll check and see what the other benefits are related to.

**Mr. Bill Walker:** Okay, thank you.

A fairly specific one: Could the minister please explain the \$49.7-million cut to the modernization of health human resources and nursing initiatives, on page 84?

**The Vice-Chair (Mr. Michael Mantha):** In about a minute and a half would be nice.

**Hon. Eric Hoskins:** If Denise can get up here before I can actually get the answer—

**Ms. Denise Cole:** That reduction, MPP Walker, pertains to the Nursing Graduate Guarantee program. We have been doing some program redesign based on some evaluation that was done over the life of the program. What we have seen over the last few years is a reduction in the uptake in the program, so that's where the reduction is, in terms of the new graduate guarantee program.

**Mr. Bill Walker:** Great. Thank you.

**Hon. Eric Hoskins:** To some degree, this is a reflection of the success itself of the program in one of the very few jurisdictions around the world that does deliver such a program. Nearly half a billion dollars has been invested in it so far, and we've seen the results, including the increase in full-time employment by nurses, in an absolute sense, by about 14%—a 30% increase compared to before in numbers, but as a percentage increase, a significant increase in full-time employment.

**Mr. Bill Walker:** Okay. Thank you.

**The Vice-Chair (Mr. Michael Mantha):** Thank you, Minister. Thank you, Mr. Walker.

It being so close to the 6 o'clock hour, this committee will stand adjourned until routine proceedings tomorrow, where Madame Gélinas can start fresh.

*The committee adjourned at 1800.*









## CONTENTS

Tuesday 7 June 2016

Ministry of Health and Long-Term Care.....	E-997
Hon. Eric Hoskins	
Hon. Dipika Damerla	
Dr. Bob Bell	
Ms. Roselle Martino	
Ms. Suzanne McGurn	
Election of Vice-Chair.....	E-1008
Ministry of Health and Long-Term Care.....	E-1008
Ms. Sharon Lee Smith	
Mr. Phil Graham	
Mr. Patrick Dicerni	
Ms. Denise Cole	
Mr. Peter Kaftarian	
Mr. Mike Weir	

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E-47



E-47

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# Official Report of Debates (Hansard)

Wednesday 8 June 2016

# Journal des débats (Hansard)

Mercredi 8 juin 2016

## Standing Committee on Estimates

Ministry of Health  
and Long-Term Care

## Comité permanent des budgets des dépenses

Ministère de la Santé  
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## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Wednesday 8 June 2016

Mercredi 8 juin 2016

*The committee met at 1556 in room 151.*MINISTRY OF HEALTH  
AND LONG-TERM CARE

**Le Vice-Président (M. Michael Mantha):** Bonjour. On va reprendre le travail du Comité permanent des budgets des dépenses. Bienvenue cet après-midi.

Good afternoon. We are here to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of three hours and 24 minutes remaining.

Before we resume consideration of the estimates, if there are any inquiries from the previous meetings that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions. Are there any items, Minister?

**Hon. Eric Hoskins:** No, but can I move unanimous consent that we dispense with the remaining three hours and 20-odd minutes?

**Hon. Dipika Damerla:** I second that.

*Laughter.*

**The Vice-Chair (Mr. Michael Mantha):** Nice try. And with a Chair who has to rush home with his youngest son who is graduating, you almost had me there.

When the committee adjourned yesterday, the third party was about to begin their 20-minute round of questions. Madame Gélinas, le plancher est à vous.

**M<sup>me</sup> France Gélinas:** Merci, monsieur Mantha. I think I will start this round, first of all, by asking for the committee's indulgence. I may have to run up to the House at about 5 o'clock for a—I forgot how those are called—

**Mr. Michael Harris:** Private bills.

**M<sup>me</sup> France Gélinas:** Private bills. Yes. If it comes in the middle of a rotation, I will beg your indulgence that I will make it up after. Sorry about that. But I'm good? I'm starting now.

The first thing I want to talk to you about is PET scanning—

**Le Vice-Président (M. Michael Mantha):** Excusez-moi, madame Gélinas: Does the committee agree with permitting Madame Gélinas to have her time roll over to her next round? Do I hear anybody opposed? C'est bon, madame Gélinas. Vous pouvez continuer.

**M<sup>me</sup> France Gélinas:** Merci. It may not come, but there you go.

PET scans: How can I find out how much money was spent in Ontario on PET scans? Do we keep track of how many are done, how many per condition and per PET scan locations? Let's start with that.

**Hon. Eric Hoskins:** We're endeavouring to get some information for you right now.

**M<sup>me</sup> France Gélinas:** I can see action behind you.

**Dr. Bob Bell:** Madame Gélinas, I can say—

**The Vice-Chair (Mr. Michael Mantha):** Can you introduce yourself for the record, please?

**Dr. Bob Bell:** Deputy Minister Bob Bell. I can say that we do fund these on a per case basis. There is an allocation made to the Ontario PET centres each year based on their historical performance, and that's trued up at the end of the year. We have a per case funding formula that we provide for PET scans.

**M<sup>me</sup> France Gélinas:** This funding formula: Has it stayed the same since we started insuring PET scans in 2008 or does it change from year to year? And if it has changed, on what metrics does the change come?

**Hon. Eric Hoskins:** Hopefully, we've got the answer on that for you. I can add that we do over 11,000 PET scans in the province each year in total.

**M<sup>me</sup> France Gélinas:** Is this because the demand has stayed at 11,000 or because the allocation has been 11,000?

**Dr. Bob Bell:** PET scanning in Ontario has been driven in a very interesting way by evidence developed by Cancer Care Ontario. As you know, in many jurisdictions of the world—PET scanners are available on every corner in the United States, for example, whereas Ontario has taken a very evidence-based approach, where Cancer Care Ontario has determined, for example, the initial indication for PET scanning related to assessment of nodes in the mediastinum in patients who had primary lung cancer. There was evidence to suggest that PET scanning was a very effective way of determining whether they were candidates for surgery, so that was an indication that was approved for PET scanning.

Each one of the indications—for example, for staging lymphoma and for staging patients who have recurrent thyroid cancer—has been approved in advance. The only way you get access to a publicly funded PET scan in Ontario is to have one of these evidence-based indications for a PET scan being undertaken.

**M<sup>me</sup> France Gélinas:** Okay. I think I already knew this. The part I'm interested in is knowing—so you told



me there are about 11,000 PET scans done each year. Is this because there were 11,000 that were requested, or is it because the allocations to the PET scan centres amounted to 11,000?

**Dr. Bob Bell:** There were 11,000 patients who, based on the evidence related to their condition, qualified for a PET scan. That number has increased because the indications have increased.

**Hon. Eric Hoskins:** If I interpret that correctly, it's based on demand, provided that the demand for the PET scan falls within the recommended clinical indications.

**M<sup>me</sup> France Gélinas:** Do you expect new clinical indications to come online shortly?

**Dr. Bob Bell:** The indications are reviewed regularly by the Program in Evidence-Based Care—

**Hon. Eric Hoskins:** And the PET Steering Committee, right?

**Dr. Bob Bell:** —and the PET Steering Committee that has been developed by that process.

Every year, they're updated. New evidence comes on board and new indications are added. We anticipate that, generally speaking, indications are not removed, so the number of PET scans undertaken in the province will probably expand year by year.

**M<sup>me</sup> France Gélinas:** As you know, I have been very interested in having equity of access to PET scans. You know that my area, the northeast, did not have access. We have a plan in place to bring access. Although I would like it to be faster, at least it's there, and I'm happy with this, and I thank you for that.

There is another area of our province, in and around Windsor, that is about to lose their PET scans. It is a private clinic out there that provides PET scans. They are having technical issues with an aging PET scanner. I was wondering, how does the issue of equity of access come into the decision-making within the ministry?

**Hon. Eric Hoskins:** I'm sorry. We were just coming to an answer for—

**M<sup>me</sup> France Gélinas:** The issue of equity of access.

**Hon. Eric Hoskins:** Yes. Again, we have a PET Steering Committee, which, as was referenced—I think I did, just several moments ago—is charged with the responsibility for establishing what those clinical indications would be for eligibility under OHIP funding. They're also responsible for that equity issue that you've referenced, and the siting of PET scanners, of which we have more than—is it a dozen or 14, somewhere in that range?—across the province.

*Interjection.*

**Hon. Eric Hoskins:** How many?

**Interjection:** There are 13.

**Hon. Eric Hoskins:** It's 13 currently, including the one in Windsor, which, I believe—am I correct that that's the one that's sort of parked there, if you will?

**Dr. Bob Bell:** Yes.

**Hon. Eric Hoskins:** I suspect, if it isn't already under consideration by the committee, this is something that the committee would look at, if there was a suggestion or the possibility that the one sited—yes.

It says "speaking remarks," and I'm going to speak them.

There is, as you've referenced, an independent health facility licensed to provide PET services in Windsor. It has submitted a funding request to the ministry, both base funding as well as a funding request for a new PET scanner, and the ministry is currently reviewing this funding request.

It's important to emphasize, in reference to their capital ask, that capital funding for PET scanners, as you know, for Sudbury, from that experience as well, is not provided by the ministry either in hospitals or in independent health facilities.

**M<sup>me</sup> France Gélinas:** The part I don't understand is that I was very happy when you made the announcement that Sudbury would be getting \$1.6 million a year—

**Hon. Eric Hoskins:** In operating.

**M<sup>me</sup> France Gélinas:** Operating. What's the difference between the \$1.6 million a year operating for Sudbury and this cost per scan that, Deputy, you were referring to? What are the total amounts?

**Dr. Bob Bell:** As I remember, in the Sudbury situation, there were about 800 patients who were being treated or being investigated in Toronto and other sites with PET. The sense was that that funding envelope plus some incremental funding could be transferred to Sudbury. That was the sense of what that would be, providing access to people in Sudbury.

**Hon. Eric Hoskins:** Just to clarify, I think that number is significantly lower than the 750, but that's what is anticipated that a new PET scanner—by increasing the equity and the accessibility as well, but also with projections going forward that it's anticipated to serve that number of patients on an annual basis.

**M<sup>me</sup> France Gélinas:** Okay. Is anybody going to be able to give me the amount of money that we have spent this year and in the previous year on both operational funding and cost recovery per scan on PET scans in Ontario?

**Hon. Eric Hoskins:** We'll certainly look into that.

**Dr. Bob Bell:** So the other aspect that I was reminded of is that, just in terms of access, if somebody is turned down, if somebody is referred for a PET scan and deemed not to be appropriate for the approved conditions, there is also an adjudication process, an appeal process, that their physician can refer to.

**M<sup>me</sup> France Gélinas:** For exceptional access, yes.

**Dr. Bob Bell:** Exactly.

**M<sup>me</sup> France Gélinas:** I'm aware of how it works. What I don't know is how much money we have spent on this. Is the answer to how much money coming or is this something that—

**Dr. Bob Bell:** I don't believe we have it here. Just so I'm clear, you would like to know the total amount of money we spent in the province, the amount per case, which does vary depending on the indication a little bit, and also the amount that has been spent for Sudbury patients? Was that it?

**M<sup>me</sup> France Gélinas:** No, I already have that.

**Dr. Bob Bell:** Okay.

**M<sup>me</sup> France Gélinas:** I'm more interested as to how much of the Ministry of Health budget is spent on PET scans, either through the exceptional access or through the indication, and if it's the amount per scan, what is that amount and what does the total look like.

**Hon. Eric Hoskins:** We're going to look into that. I understand exactly.

And on the access and equity thing, if you'll just allow me really briefly to say that this is one of the areas where—and obviously geographic access is critically important, but also in terms of wait times. I think that this was certainly, I believe, the case a year ago, that the wait times are actually exceedingly short for our PET scanners right across the province and I think we've got a target of two weeks for all of the scans. I think there's virtually no wait-list and that individuals can get a scan at all of them, I believe, within a two-week period.

**M<sup>me</sup> France Gélinas:** I wouldn't mind if you could check this because I hear that the wait-list in London has started to grow.

**Hon. Eric Hoskins:** We will.

**M<sup>me</sup> France Gélinas:** If you could check, first of all, if we keep track of wait times for PET and if we do—if we set a target of two weeks, that's wonderful; I think that's pretty excellent care—where do we meet that target of two weeks and where do we not meet that target.

**Hon. Eric Hoskins:** Yes, I'll look into that for you.

**M<sup>me</sup> France Gélinas:** Okay, thank you.

The next question doesn't have as much of a follow-the-money aspect but I wanted to put it on the record. We've had issues with traditional medicine practitioners. Basically, about 1,000 of them never registered with their college, took their college to court, lost their battle in court and now we have this group that has formed an association of about 1,000 traditional medicine practitioners who still are not covered by the college. Is there a plan to solve this issue?

1610

**Dr. Bob Bell:** Assistant Deputy Minister Denise Cole, who the committee has met before, has some answers to this.

**M<sup>me</sup> France Gélinas:** Thank you.

**Ms. Denise Cole:** Denise Cole, assistant deputy minister, health workforce planning and regulatory affairs division within the Ministry of Health.

Madame Gélinas, I would say about three or four weeks ago we were approached by the legal entity that has been working with the group of traditional Chinese medicine practitioners who have not registered with the college. Given the history and their lack of success in the courts, they would like to meet with me to figure out what a path forward could be because they recognize that they need to get on with it. So that meeting—I don't have the date at the top of my head, but I will be meeting with them in the next few weeks.

**M<sup>me</sup> France Gélinas:** I think it's tomorrow.

**Ms. Denise Cole:** Is it? Thank you. I haven't looked at my schedule for tomorrow yet.

**M<sup>me</sup> France Gélinas:** No worries.

Now that we have a college and the college has responsibilities that are sort of arm's-length from the government, is there really something that the government can do, given that there's a college and they've put those criteria in place?

**Ms. Denise Cole:** As you'd know, under the RHPA, the minister does have certain powers and things that he can direct. At this stage of the game, I haven't had the conversation with those groups as of yet. In fact, I've not met with them since I've been in the role for the last 18 months. I'm encouraged that they were the ones who reached out to us.

At this point in time, I'm in listening mode. We'd be encouraging them to work more co-operatively with the college than they have been to date. I'm someone who is a firm believer that when two parties are willing, it is possible to find common ground. Hopefully them coming to the table is around accepting and acknowledging the role of the college as the self-regulating, governing body and being prepared to work co-operatively.

**M<sup>me</sup> France Gélinas:** I don't know if you're the right person to ask, but I will ask you, and maybe somebody within the corporate memory could remember. Was there ever a time when other new professionals came online, or a new college came online, where an extension of the grandfathering was done?

By memory, I sort of remember that when the nurse practitioners came on, the government ended up doing an extension of the grandfathering. Does anybody remember anything of the sort, or is it really up to the college and not up to the ministry?

**Ms. Denise Cole:** I don't know the answer to that in terms of the other professions that were done. I can get the answer for you, but that is something that we would look to the governing body to come to us with a recommendation on, as to whether or not it would be prudent to grant an extension of the grandfathering.

**Le Vice-Président (M. Michael Mantha):** Madame Gélinas, il te reste quatre minutes.

**M<sup>me</sup> France Gélinas:** When you say "governing body," you mean the college?

**Ms. Denise Cole:** The council, the college.

**M<sup>me</sup> France Gélinas:** The college. Okay. Thank you.

My next question is to the associate minister. Do you have any plans to start to report the staffing information of long-term-care homes either on the Ministry of Health public website or otherwise? It was a promise that was made—not by you, but by the former minister—that would allow people to know the staffing information from the different long-term-care homes before they make their choice. Are you going to follow through with that promise?

**Hon. Dipika Damerla:** Before I address that specific issue, I just wanted to say that transparency is something that this government is obviously very proud of, our work around that—

**The Vice-Chair (Mr. Michael Mantha):** Associate Minister, can you come closer to your microphone?



**Hon. Dipika Damerla:** Oh yes, of course. One of the things that I was pleasantly surprised to learn is that Ontario is probably the only province in Canada that actually reports the results of all of the inspections that we do publicly—and I know that you're aware of that. There's a lot of information that is available for families, parents and potential residents to make an informed choice about a long-term-care home.

**M<sup>me</sup> France Gélinas:** But specifically, I'm interested in reporting on the staffing information of different long-term-care homes. That's a promise that has been made, and it is in line with the transparency that has been increasing for the good of everybody, but this one is specifically with staff. It's a promise that was made and it's not there yet.

**Hon. Dipika Damerla:** We'll see if we can get back to you on that.

**M<sup>me</sup> France Gélinas:** Okay. But right now, nobody is working sharing those?

**Hon. Dipika Damerla:** I think it would be best if we got back to you on that.

**M<sup>me</sup> France Gélinas:** Okay. Would you know—  
*Interjection.*

**Hon. Dipika Damerla:** Deputy, would you want to add anything?

**Dr. Bob Bell:** The only thing that I would say is that long-term-care homes under the act are required to have a written staffing plan for each patient individually. To describe a staffing plan that was for the average patient within a long-term-care home might not have much sense. There is no universal plan for a universal patient. I'm not even sure how we would undertake that.

**M<sup>me</sup> France Gélinas:** When the promise was made, it was really to show that different homes had different staffing models. It was not a question of how many hours a patient would get, but it was really the staffing models that were used by the different homes at the time that the promise was made. So it would be in the number of staff per home or units or any other.

**Hon. Dipika Damerla:** If I can just say, we've said that we'll try to look into that, but I think it's really important to note that information in the absence of context is not as meaningful. As we go and try to give information, whether it's staffing levels or anything, it has to be in the larger context of the whole number of other—I'm just thinking this through, but a home could have 10 people and another home could have 11 staff, but then the number of residents matters. All of that data has to be in the context. Otherwise, it's not as meaningful.

I think it's a complicated issue, but what I can say is that one of the things I'm committed to and I know this government is committed to is providing as much information as we can to Ontarians to be able to make an informed decision about their preferred long-term-care home. I really want to take the opportunity to talk about some of the things that we do, including the inspection reports. Health Quality Ontario, of course, reports by long-term care on seven indices publicly. There's a lot of information already available that is very meaningful in

terms of allowing loved ones and the resident to make that decision.

**Le Vice-Président (M. Michael Mantha):** Merci, madame Damerla. Merci, madame Gélinas. On va passer la parole à M. Thibeault.

**Mr. Glenn Thibeault:** Merci, monsieur le Président. Again, welcome to the ministers. It's great to see you both here again today. It seems like we see each other every day. Deputy Minister, it's also great to see you and all the great staff here, once again answering all of our questions when it comes to estimates. I know we're probably into hour 12 out of 15, with a few hours left to go. It's been pretty impressive to hear the answers that you've been able to provide. We're looking at—what, \$52 billion is what we're spending on health care this year, \$52 billion? That's quite an investment in terms of the funds that we're putting in as a government to ensure that we have a great health care system here in our great province of Ontario.

I'm going to talk a little bit about the health system funding reform, which you've spoken about, Minister Hoskins, quite a bit. I think it was about five years ago that Ontario started to shift its focus of the health care system away from a system that I think was always known to be a provider-focused system to a system that now revolves around the person, which is so key.

I know the Ministry of Health and Long-Term Care has worked hand in hand with health care partners. I can talk about many in Sudbury, but I know it's right across our great province. You've worked with them to move to a global funding model, towards a more transparent, evidence-based model, I believe, where funding is tied directly to the quality of care that is needed and provided.

#### 1620

If we look to our 2016 budget, as part of the budget, when we're looking at the hospital measures on that, your ministry and the government of Ontario are proposing to invest more than \$345 million in all publicly funded hospitals. I think that will include a 1% increase to the base funding to make sure that we can provide better patient access to high-quality health care services.

I think it's important to highlight that these investments in hospitals that are in the 2016 budget are targeted increases and—correct me if I'm wrong—they're targeted increases to access for patients. And we're looking at this to work hand in hand—or hand in glove, almost—with our Patients First action plan and that commitment to provide faster access to the right care, the right time and those types of things.

If we look at that and consider all of that in conjunction with what our hospitals are going to receive, we've got a 1% increase to their general hospital service delivery portion—I think that's something that we need to highlight because that represents an investment of \$60 million in our hospitals just on that piece in their general hospital service delivery portion—and an increase in funding to our hospitals by an additional \$50 million through the health-based allocation model. That's something that was important for me, as I say every time we



talk about it, with the cane and the crutches that I had for a while. So \$50 million to improve access to wait times for hospital services, including additional procedures such as hip replacements, knee arthroscopies, cataract surgeries and knee replacements.

While I didn't have a knee replacement, Deputy Minister Bell, I think you actually taught my surgeon, Dr. Saidi, at one point, or at least worked with him.

**Hon. Eric Hoskins:** Oh, he's in trouble.

**Dr. Bob Bell:** And despite that, you seem to have done extraordinarily well.

**Mr. Glenn Thibeault:** I'm a month ahead of schedule, so do you know what? I'll take it.

No matter what you say, I have nothing but positive things to say about Dr. Saidi, the work that's happening at Health Sciences North and the great services that are provided for people in Greater Sudbury and northeastern Ontario who come in and utilize these services. We have Dr. Robinson—I don't want to start rhyming them all off because I'll forget one or two and then I'll hear from them as well. But even prior to that, Dr. Dave Healey was just another great surgeon that we had in Sudbury who has moved on to other locations, but we miss him in Sudbury and it's something that Dr. Saidi stepped in to help replace.

Speaking of all of the great things that have been happening at Health Sciences North, I think it's important to highlight—and I know that my colleague from Nickel Belt mentioned PET scanners. We were able to announce together, Minister Hoskins and I, the PET scanner in Sudbury in December of this year. As I said, watch our community grow. I'm very pleased to say that I had a conversation with the Bruno family fundraising committee last week, and we've raised an additional \$1 million since that time, so they're up at around \$2.2 million. We still have a little bit of a ways to go, but I always have pride and know that we come from a great community that will do great things. I'm looking forward to making sure that we get that service up and running in Sudbury and for the entire northeast as soon as possible.

When you were there, Dr. Hoskins, one of the things that we were able to find time for in our busy schedule that day was to take a quick tour of the NEO Kids facility. I know that my community has worked with the LHIN and is moving forward with the LHIN on promoting NEO Kids and working now with the Ministry of Health to ensure that the 35,000 kids that access NEO Kids—that's about 100 visits a day that we see in northeastern Ontario at HSN, at NEO Kids. So it's something that is truly, truly needed in my community.

Right now at NEO Kids, we have six pediatricians. Dr. Sean Murray, if you know of Dr. Sean Murray—he and I go way back. We played hockey together. We went to public school together. He has been doing great work in our community in advocating for NEO Kids to make sure that our kids get the services they need in northeastern Ontario. But we have six pediatricians right now, and RNs, RPNs and one nurse practitioner based out of NEO Kids. We have speech and language pathologists, social

workers, physiotherapists, psychologists and many specialty visits from other practising doctors throughout Ontario, which I guess goes back to that \$52 billion that we talk about that we're investing in the province in health care. We can start to see that evident in these places like NEO Kids, but as we took that tour, I think it was maybe five or six beds at Health Sciences North, so it's something that I know I'm very supportive of trying to ensure that we get for our community. I'm sure you'll be hearing a lot more from me on that as we continue to move forward on it.

But when I'm jumping back to the health system funding reform, we've seen a transformation that is only going to be successful if our funding models reflect the government's priorities, and that is, I think, putting patients first and making evidence-based decisions on value and quality that help sustain the system for generations to come. I know this term is used often, which is you "think outside of the box" and look at other opportunities and look at different ways of doing things.

One of the things, while I have you and the deputy minister and your staff here, is I wanted to say thank you on behalf of the city of Greater Sudbury and my community for the funding to continue the community paramedic medicine pilot program. It's \$100,000. When we talk about a \$52-billion ministry, \$100,000 is still a lot of money, and it's doing great work. The paramedics who are providing this program came and spoke to me about how we're able to actually go in and keep people in their homes and they don't have to divert back to the hospital. They were talking, and I wish I had the statistics—you might be able to have that—of how many people they were able to keep out of the hospital and how many people they are able to keep out of the health care system just by having this one community paramedic person go to these homes. It is doing fantastic work. I know yesterday, when you were here, we talked about how we've really helped our doctor supply in the province and those types of things, and that's great, but there are still a few people in northeastern Ontario and in my riding who don't necessarily have a family doctor. When they come out of the hospital, especially a senior, this program is providing great service to them. So thank you for that \$100,000. It's doing great work in our community and it's going far. That's what I think of when we're looking at outside of the box, talking about putting patients first. Most people want to stay in their home.

I know once upon a time in this committee, in the 15 hours or 13 hours we've been here, we talked about my father—101 years old, right? He passed away last year. He was adamant that he was going to die in his own bed. Unfortunately, circumstances didn't have that happen. But the great PSWs, who do phenomenal work in our community, came by, and if the Jays were playing, service wasn't happening, because you can't interrupt a Jays game. That's something that my dad was pretty adamant about.

But we've done a great job, I think, as a government, of looking at combining many things that I know I'm

talking about, combining the introduction of the Excellent Care for All Act and the foundation of quality across the province, and now the HSFR, which has been bringing in positive impacts to the Ontario health system, so the procedures we're seeing and lower length of stays, which is critical.

One of the things that I've talked about when I have talked with David McNeil at HSN is that hospitals have seemed to change for no other reason than it's almost like they are becoming hotels, where people come in and then they're staying. They're not leaving. They've got to come in, get the care that they need and then leave. When we see the start of the older demographics that are happening, that's some of the issues that our hospital system and our hospitals are going to see. When we see that, having a health system funding reform, I think, is key, and having the Patients First program is key. So I think we're on the right track when it comes to this.

Looking at key elements of all of this, patients receiving certain procedures, I think, when they are seeing the lower lengths of stay and expanding access for available beds for other patients and improving the quality of life for patients by getting them to go home sooner—I know with my surgery, for example, not that I want to get into all the gory details, but they pretty much sawed my tibia right in half. I was home three days later. Do you want to comment on that?

1630

**Dr. Bob Bell:** He didn't cut it right in half. We didn't teach him that.

**Mr. Glenn Thibeault:** No, no, no. It's the easiest way for me to explain it, right? And I have donor bone in there, which my kids think is fantastic because they say I'm part zombie now. They think that's great, I can chase them around. Yes, it's the easiest way for me to explain my surgery.

**Mr. John Fraser:** Another animal.

**Mr. Glenn Thibeault:** Another animal, yes.

Trying to go back to where I was and get my train of thought to get to my question, I have to start all over again, Chair, I think, right from the beginning.

*Interjections.*

**The Vice-Chair (Mr. Michael Mantha):** You have this pattern of asking lengthy questions. But go ahead.

**Mr. Glenn Thibeault:** You know what? It's just the preamble, to make sure that we put in all of the important and relevant information about the great work that I think the government and the ministry are doing. It's a \$52-billion budget, as I said, and creating how many new doctors and new nurses and so many things—it's just such great news that I have so much to say, and I know that I can get to my question.

How much time do I have left, by the way?

**The Vice-Chair (Mr. Michael Mantha):** You have one minute left.

**Mr. Glenn Thibeault:** How much?

**The Vice-Chair (Mr. Michael Mantha):** No, I'm kidding. You have seven minutes left.

**Mr. Glenn Thibeault:** Seven minutes left. Okay.

Going into the HSFR, health system funding reform: Minister, talking about patients receiving certain procedures, lower lengths of stays, expanding access for beds available for other patients, improving the quality of life for patients by making sure that they go home sooner—my wife won't say me being home any sooner was a benefit to her, because I was whiny a lot. But it was pretty sore. Anyway, we'll talk about that later.

In addition, too, we are seeing gains in efficiency advantages. The government's efforts, I think, in achieving a sustainable health care system are key in all of this, Minister.

Maybe you can outline and provide to this committee an overview of the work the ministry has done to ensure that our health system remains sustainable for future generations of Ontarians as we move forward.

With that, I'll now hand the floor over to you to answer the question.

**Hon. Eric Hoskins:** Finally.

**Mr. Glenn Thibeault:** Finally.

**Hon. Eric Hoskins:** Thank you. I appreciate the question. On health system funding reform, in a nutshell, it really is focused on science and evidence outcomes and quality, and best practices.

It has different components to it in terms of how the funding flows and how that's calculated, hospital to hospital, but it has allowed us to focus on what's most important to patients, which is the outcome, like the outcome you described for your own procedure. If somebody requires cataract surgery, they are most concerned about what the outcome is going to be for them, right? Or if they need a hip or knee replacement, they're interested in the outcome.

I think we're in the twenties now of the number of quality-based procedures that we've developed under health system funding reform, and each of the quality-based procedures is focused on a specific activity, if you will, hip and knee replacement being good examples, or cataract surgery, as I mentioned. It has looked at every element imaginable, to ensure and to encourage a uniform delivery of that service across the province, based on the latest scientific evidence and practice, and looking at issues of cost as well, finding that efficiency in the delivery of the service and, in a sense, incenting and rewarding those hospitals that are able to demonstrate those highly positive outcomes.

Of course, there are variables in how the formula works that accommodate issues such as population growth—the number of patients that a hospital environment might see—as well as the measurement of other health needs and requirements in a community.

It's still early days, when you think about it. This is the fifth year of HSFR; it began in 2011-12. In that period of time—and I have to commend, appreciate and acknowledge the leadership across the province in the hospital environment, as well as through the OHA, that represents them, in working with us on this bold and, in many ways, challenging transformation to begin to look at everything we do, what we deliver and how we deliver



it in a hospital, in a slightly different way. But as you've referenced as well, we are beginning to see, through independent review and independent sources, the improvements, a higher quality of care and better outcomes that are a result of the changing formula for funding, which is more focused on quality and outcome.

You've referenced yourself that we've seen a reduction in the average length of stay for both surgical and medical admissions, which is important from an efficiency point of view, but it's most important from a patient experience perspective. We're seeing that what's remaining stable are the readmissions following being in hospital for medical or surgical procedures. People are spending a shorter period of time in hospital, but the outcomes are as good as or better than they were before. That's in the context of our hospitals on average—it varies a little bit around the province—seeing, overall and substantially, an increase in the number of patients.

This is work that the Institute for Clinical Evaluative Sciences has done to look at the impact of HSFR over the last four or five—we're now in year five, as I've mentioned. What's really interesting to me as well is that we're seeing definite and objective improvements in what would be referred to as nursing sensitive measures—incredibly important objective outcomes and improvements.

In this same period of time, we're seeing a reduction in the number of falls that are happening among patients in hospitals. We're seeing a reduction in the number of pressure sores that patients experience. We're seeing a reduction in the number of urinary tract infections that patients are impacted by in their hospital admission. We're seeing a reduction in cases of hospital-acquired pneumonia. Those indicators, as any front-line health care worker will tell you, are also exceptionally important because if we can't see those improvements or when they're prevalent, they can obviously lead to worse outcomes, and often significantly worse outcomes.

That combination that provides me with the assurance and the reassurance that we're on the right track is in those easier-to-measure, obvious, if you will—which are probably outputs more than outcomes in some respects, but measuring the length of stay in a hospital, for example. What we're finding is that there is no increase in hospital readmission rates, despite a shorter stay. But it's in those less obvious measurements of what happens when a patient is in hospital, which are critically important, where we're seeing those improvements.

I would have liked to take some credit for it, but it obviously pre-dates me as minister. Certainly, to Deb Matthews's credit and to the ministry's credit, obviously, and those stakeholders who worked with us to develop this approach—

**The Vice-Chair (Mr. Michael Mantha):** Thank you, Minister. Merci, monsieur Thibault. We'll now pass the floor over to Mr. Harris for the official opposition.

**Mr. Michael Harris:** Good afternoon, Minister. On Monday, I asked you a question in the Legislature about St. Mary's hospital and specifically its regional cardiac

care centre. Of course, St. Mary's is a world-class hospital with a regional cardiac care centre with world-class staff. I could spend the 20 minutes bragging about them, but I'm not going to do that.

Back in 2012, John Milloy made a commitment to deliver on an expansion of their cardiac care centre. As it stands right now, it remains the only one of the 11 full-service regional community hospitals in Ontario that is still waiting for an EP lab. It was promised in 2012. Minister, why, after four years, has it not been built?

1640

**Hon. Eric Hoskins:** All right. As you've referenced, the support that was publicly announced a number of years ago—and there's no question that the ministry and the LHIN are both supportive of the proposal from St. Mary's hospital for a new arrhythmia program. There is capacity planning currently under way by the Cardiac Care Network that will support this. Base operational dollars will be made available by the provincial programs branch in the ministry once the capital expansion is complete. That capital expansion is being recommended to proceed.

**Mr. Michael Harris:** We are now four years later. So you're telling me that the hospital submitted the proposal, the LHIN and the ministry have approved it, and now, CCN, the Cardiac Care Network, has also approved the capital and the operational dollars. What's left? What are we waiting for? Has the hospital received documentation from the CCN for this project to at least be tendered? We're at least 18 months away from seeing the facility open, so after its original promise, we're looking at five and a half, almost six, years before we get something done. Can you validate what you just said there, I suppose?

**Hon. Eric Hoskins:** This is, to some extent, a step-wise process. It's not that we have been inactive since 2012; that's the time—you're right—when our government communicated support in principle for a full arrhythmia program at St. Mary's. In that same year, we provided St. Mary's General Hospital with just under \$1 million in base funding to support patients from the area that had received their implantable cardioverter defibrillator, or ICD, implant outside the region and then returned and received, at St. Mary's, support for monitoring and follow-up care. In 2013, St. Mary's, with government support, launched their implantable cardioverter defibrillator, or ICD, implant program, formally—

**Mr. Michael Harris:** No, I get it, and I don't want to cut you off, but I've got 20 minutes or less because my colleague wants time here as well. So walk me through the processes as to which—

**Hon. Eric Hoskins:** But that's part of the arrhythmia program, right? So what I'm trying to demonstrate is that it's a step-wise approach. In fact—

**Mr. Michael Harris:** But we need the capital to actually commence the construction process.

**Hon. Eric Hoskins:** So I'm telling you that the capital funding has been recommended to proceed.

**Mr. Michael Harris:** I understand that there is a significant process, and that's obvious. Now that that's



done, what will the next steps be, and how long, roughly, will the hospital have to wait until they get the paperwork from the CCN to begin the tendering process?

**Hon. Eric Hoskins:** I can't speak to the precise dates, but I should point out that it was in July of last year that the Cardiac Care Network reviewed the proposal for an advanced arrhythmia program at St. Mary's, including ablations. They reviewed it. I have the results of the review in front of me. But it really is important that, from 2012, when the government support in principle was provided, there have been significant activities that take place, part of which is that there's a requirement to mature and expand and develop the capacity, where you move—

**Mr. Michael Harris:** We're somewhat locked with the ability or the capacity, based on the room availability and the expansion that's required. Again, it's the last one of the 11 full-service regional cardiac hospitals that have been waiting for this lab. In fact, if you look at the CCN numbers posted, the provincial wait times for some cardiac procedures are the longest wait times in the province; in some cases, people are waiting 51 days, and, in Mississauga, eight or less, in some areas. So this has to be—

**Hon. Eric Hoskins:** That's why we're building the program.

**Mr. Michael Harris:** —a significant priority to make this happen.

Give me a rough idea. Maybe the deputy or other folks can help me understand. If, in July, they reviewed it, it's good to go and we're 18 months away, as you told us today, when can the people of Kitchener-Waterloo and St. Mary's expect to see some sort of documentation that will enable them to commence this project, not only the capital commitment but the operational commitment? I'm assuming one follows the other, right?

**Hon. Eric Hoskins:** Do you want to add to this, Deputy?

**Dr. Bob Bell:** Yes. Thanks, Mr. Harris.

As you know, the provision of electrophysiology services within an EPS catheterization suite is one of the most complex services that can be provided, from a capital basis, and, in order to get the capital approvals—in order to ensure the mechanical, electrical, the air handling etc. are there to protect patient safety—there is a fairly substantial approval process necessary on the capital side.

I can promise you that the discussions to enable the provision of those services and to develop that EPS suite are under way. There is often quite a bit of back and forth. Understanding what the base situation is in the hospital and understanding the improvements in air handling that are necessary often takes our staff quite a bit of time to make sure that patients are being provided with safe and effective care.

Those discussions are under way. You're absolutely right that once the capital facility is constructed, the operational dollars are there. As the minister says, operational dollars to the electrophysiology program are already

flowing. The arrhythmia program starts off with implantable cardiac defibrillators. It then moves on as staff are recruited to EPS cardiac catheterization facilities. That program takes time.

**Mr. Michael Harris:** Yes, but fortunately we've had EP specialists recruited by the hospital. Unfortunately, they came and were waiting for this and have left. We were lucky enough to now have another one that started just this spring. My fear is that we could end up losing this individual if we don't have a clear commitment from your government.

We understand the discussions, but it's the paperwork that the hospital needs, and the community needs the acknowledgement. We've got the promise; we need the paperwork to allow us to get on with the capital.

When can people of Kitchener-Waterloo expect to see the commitment, the paperwork, that basically allows them to put the tender out to the street? When will that be? In the next month? Two months?

**Dr. Bob Bell:** You wouldn't want to have a tender out in the street before the base conditions are understood and the various elements leading to an appropriate RFP process are there. Those discussions are currently under way. That back and forth between the hospital and the capital branch is fully engaged. Until that understanding of base condition and exactly what modifications to the hospital are required—

**Mr. Michael Harris:** It's kind of the cart before the horse, I suppose, or what have you, but you know what? Again, Minister: When will the people of Kitchener-Waterloo receive the final—we've heard the promise. We're waiting for the paperwork. Can we expect to see that in the next 60 days? I hear the discussions and people are tired of hearing about the chit-chat when we heard the promise back in 2012.

How much time do I have left?

**The Vice-Chair (Mr. Michael Mantha):** You have 10 minutes.

**Mr. Michael Harris:** Ten minutes? Good. Maybe we'll get it out of them in 10 minutes.

**Dr. Bob Bell:** The paperwork can go out very readily once the description of the services required in the base hospital and exactly what's required for an EPS-ready cardiac catheterization suite is understood. It's not a problem with the paperwork, with respect, Mr. Harris. It's an understanding of what needs to be done and exactly what the characteristics of the RFP are. Do you need to replace the chiller in the base hospital? Do you need to replace the blower on the roof?

**Mr. Michael Harris:** Well, the chillers are relatively new there. But anyway, I guess there was a lot of planning but they need the green light and I don't think that they have seen any green light that they can move forward. I'm just wanting to get some commitment from you.

**Dr. Bob Bell:** Yes, and I don't mean to be argumentative, but with respect, the green light starts with a planning process between ensuring that the standards that define appropriate service delivery within capital struc-

tures are being met, the hospital understands that, the ministry understands the appropriate safety conditions, and appropriate terms of service will be provided. That then defines the RFP. So the paperwork is not an issue. It's not a bureaucratic process; it's a process of assuring quality in the development of new services within a hospital capital structure.

**Mr. Michael Harris:** And I'm confident they've got the capabilities there to perform the services. Again, it's one of the last full-service cardiac centres. You'll see the diagram that's posted, missing the EP suite.

You know what? I think I've made my point. You know what? We need to get on with this. We're 18 months away from opening a door and we've waited long enough. We're serving a million patients in the region of Waterloo out of St. Mary's. We're criss-crossing other LHINs to provide world-class cardiac care, and yet we're still waiting from an announcement that was made in 2012. This is unacceptable. I just ask that you make a commitment to deliver on a promise that was already made, especially in an area and at a hospital that has the expertise. They're ready to go; they just need an answer from you folks.

1650

I'll leave that one at that. I think I've been pretty clear on it. I'll look forward to seeing you. Minister, have you been to St. Mary's hospital?

**Hon. Eric Hoskins:** I have, thank you. But if you'll allow me—

**Mr. Michael Harris:** That's a yes? You have been to St. Mary's?

**Hon. Eric Hoskins:** If you'll allow, a lot has taken place since 2012, including substantial, multi-million-dollar investments by this government. As I mentioned, the Cardiac Care Network, as they're required to do, reviewed the specific proposal that was received last year. They reviewed it beginning in July of last year. I've indicated that we are recommending it to go ahead for the capital, as well as the operating that would flow afterwards.

**Mr. Michael Harris:** That's great. The promise in 2012—

**Hon. Eric Hoskins:** If you'll just allow me, it really is—and this is not specific to this particular activity. I just had a conversation with the three MPPs from Windsor, for example, about their proposal for a hospital—

**The Vice-Chair (Mr. Michael Mantha):** Eight minutes.

**Hon. Eric Hoskins:** It's critically important that both parties agree on precisely what comprises this project. That's the back-and-forth that we're having. It's not an issue of will we fund it or not or whether the capital is available or not; it's just reaching the conclusion so that we're actually providing the best quality of service that's needed.

**Mr. Michael Harris:** Well, I encourage you, and I know the hospital will make their folks available with

your people to get this under way. The 2012 announcement took till 2015 to review.

Anyway, do you hear where I'm going with this?

**Hon. Eric Hoskins:** Yes, I do.

**Mr. Michael Harris:** And I hope to see you at St. Mary's hospital soon. I'm sure they'll have a ribbon and scissors ready for you whenever you get there.

**Hon. Eric Hoskins:** And you.

**Mr. Michael Harris:** On that, we just briefly touched on fiscal year-ends for hospitals. I asked you briefly if there will be hospitals that will, in fact, report a deficit this year, and I believe you did concur with that. I'm wondering if you can tell me how many hospitals across the province are likely in a deficit position and will, in fact, report a deficit this fiscal year.

**Hon. Eric Hoskins:** I don't believe that I did, at least—

**Mr. Michael Harris:** All right. Will there be hospitals—

**Hon. Eric Hoskins:** No, just as a point of clarification, I don't believe that I did indicate that there would be hospitals in a deficit position. I'm not sure whether we even have that information yet, at this point.

**Mr. Michael Harris:** The fiscal year ended March 31. Have there been any signals to the ministry from the LHINs that hospitals in the province are likely in a deficit position or will have sought permission to get a waiver for the last fiscal year?

**Dr. Bob Bell:** We've just received audited financial statements from all the hospitals and we're working on the consolidation on a provincial basis, so we would not have that information currently.

**Mr. Michael Harris:** So you have received audited statements. Are there any that have, in fact, provided audited statements that show a deficit?

**Dr. Bob Bell:** I don't have that information in front of me right now, but we could probably see if we could get that information.

**Mr. Michael Harris:** Have you been informed by staff that any hospitals have submitted deficit audited statements?

**Dr. Bob Bell:** I have not been informed by staff if that's the case.

**Mr. Michael Harris:** By any?

**Dr. Bob Bell:** At this point.

**Mr. Michael Harris:** We know that across the province there are some hospitals that, prior to their fiscal year-end, especially in the cardiac care end of things, performed additional procedures that maxed out their funded targets prematurely. We were given acknowledgement from the province that they would continue on with those procedures and that the government would cover the difference. How many hospitals in Ontario would have been in that position?

**Hon. Eric Hoskins:** I don't have knowledge of the specific number, but there are a number of procedures that are funded based on volume, as you've indicated.

**Mr. Michael Harris:** Do we have a list of those?



**Hon. Eric Hoskins:** We might have the answer for you.

**Dr. Bob Bell:** There are 19 hospitals receiving services that are volume-funded within comprehensive cardiac programs.

**Mr. Michael Harris:** So there are 19 facilities that will receive additional funding?

**Dr. Bob Bell:** Sorry, that's the total number of advanced cardiac centres that perform services that are volume-funded. That's the number. In terms of the number that received extra funding, I don't have that information in front of me.

**Mr. Michael Harris:** I guess my question is, what is the process through which a hospital gets approval to carry on with procedures and the ministry agrees to cover those? What is the process, then, by year-end, to cover that off?

**Dr. Bob Bell:** Maybe I could start and then turn it over to Assistant Deputy Minister Lynn Guerriero, who has responsibility for provincial programs, including Cardiac Care Network.

There are a variety of programs that are volume-funded that are estimated based on historical performance—

**Mr. Michael Harris:** Yes, I know.

**Dr. Bob Bell:** This gets trued up subsequently.

**Mr. Michael Harris:** I guess I'm curious: How many of those hospitals will report a deficit this year? Do you know? Do you have that information?

**Dr. Bob Bell:** In cardiac care?

**Mr. Michael Harris:** Just hospitals in general—audited statements of hospitals that will—

**Dr. Bob Bell:** But I have already mentioned that we have just received their audited financial statements. We're working on the consolidation of hospital accounts—

**Mr. Michael Harris:** Tell me what the process is. If a hospital has a shortfall, and if government has made a commitment to cover that shortfall, what are the processes by which they go about doing that?

**Hon. Eric Hoskins:** I think Lynn can speak to that.

**Mr. Michael Harris:** I'm just curious as to how that works.

**Ms. Lynn Guerriero:** Hi, it's Lynn Guerriero. I'm the assistant deputy minister for negotiations and accountability management.

I think I mentioned maybe last week, or a couple of weeks ago, that we did do a piece of work in 2015-16 with all of our cardiac centres with respect to some volume pressures that probably the vast majority of them were having with various procedures.

Throughout the year, there was a very transparent process where all facilities were engaged in conversations with the ministry and with Cardiac Care Network, where we did some work around how best to manage volumes to the best of everyone's ability within their facility.

We also did some work around transferring volumes between one facility and another, because sometimes

certain hospitals had issues and others did not. We want people to get care closest to home and not necessarily be transferred to another hospital.

**Mr. Michael Harris:** How have you funded the delta, then, on some of those?

**Ms. Lynn Guerriero:** After we did the reallocation, and after we asked people to reforecast the volumes that they would be doing—they did tons of work with us, and the hospitals did a great job reforecasting—we made a commitment that if they could try to stick to those reforecast volumes, we would commit to paying for those volumes.

**Mr. Michael Harris:** Okay.

**Ms. Lynn Guerriero:** We have given hospitals up until the end of June to submit their volume data, so we actually don't have the data yet, with respect to which hospitals may or may not have gone over that amount. For those that do, we will fund those procedures. For hospitals that, even notwithstanding the tremendous work they did to try to manage their volumes, still went over in certain cases, we will pay for those volumes.

**Mr. Michael Harris:** What happens when a hospital has to file their year-end statements by tomorrow? Where does that funding gap come in?

**Ms. Lynn Guerriero:** I'm not sure how they're filing their year-end statements.

**Mr. Michael Harris:** How is that going to work?

**Dr. Bob Bell:** Do you want me to tell you, as a former CEO?

**Mr. Michael Harris:** Yes.

**Dr. Bob Bell:** You work with your external auditor. There are variances, there are footnotes, that are—generally speaking, the ministry is always considered to be good for its commitments—

**Mr. Michael Harris:** Have you issued letters to those folks?

**Dr. Bob Bell:** Generally speaking, there is a letter. I'm sure we provide it to these hospitals as to their estimates of what the funding allocation would be. They then true it up after financial year-end. The hospital demonstrates to the accountant that it has done the cases. They demonstrate, in the letter, that those cases will be paid for. They're included as proved revenues and achieved revenues within the fiscal year, and go into the—

**Mr. Michael Harris:** So those letters have gone out?

**Dr. Bob Bell:** They would have gone out.

**Ms. Lynn Guerriero:** We've been corresponding with hospitals about their projected volumes and the plan to move them around. Once we have final volumes in from hospitals, they will get letters that support that funding.

**Mr. Michael Harris:** By the end of the month?

**Ms. Lynn Guerriero:** When we get their volumes by the end of the month? I can't give you a date by which the letters will go out.

**Mr. Michael Harris:** For last fiscal year?

**Ms. Lynn Guerriero:** For 2015-16.

**Dr. Bob Bell:** But in terms of the audited financial statements, what will often happen is that we will have



sent a letter saying, “Here is a commitment to fund those cases.” The hospital demonstrates to the auditor that the cases are accomplished and their achieved revenue is within the hospital’s in-year accounts.

**Mr. Michael Harris:** Thanks, guys.

**The Vice-Chair (Mr. Michael Mantha):** Thank you, Dr. Bell. Thank you, Mr. Harris.

On va passer la parole à M<sup>me</sup> Gélinas.

**M<sup>me</sup> France Gélinas:** Because of what I see going on in the House, I will excuse myself and go do this private members’ business and I will be right back. I’m really sorry to force out of a rotation, but I will be right back. Sorry about that.

**Le Vice-Président (M. Michael Mantha):** On va transférer la parole à M. Thibeault.

**M. Glenn Thibeault:** Non, je pense que c’est MPP Kiwala qui donne la présentation au comité.

**The Vice-Chair (Mr. Michael Mantha):** Ms. Kiwala?

**M<sup>me</sup> Sophie Kiwala:** Oui, je peux. Merci.

**The Vice-Chair (Mr. Michael Mantha):** Go ahead.

**Ms. Sophie Kiwala:** Thank you very much for the opportunity to be here. I just want to say thank you, as well, to you and your staff, the deputy minister and the associate minister. It’s always a pleasure to have you here in estimates, and it’s always a pleasure to hear from your staff as well. I know that you’ve got an absolutely smokin’ ministry, and your staff—

*Interjection.*

1700

**Ms. Sophie Kiwala:** Not literally, of course, but your staff is amazing, and I just wanted to give that shout-out, because quite often they carry a large load on their plates and don’t always get acknowledged for it. So thank you very much to your staff, as well.

I always do appreciate very much listening to your perspective on health and the changes that we’re making. I really have been very inspired by the energy that you’ve brought forward to this ministry and your excitement, which is palpable, about the changes that we’re making in health care. The Patients First changes, the whole concept of providing that wraparound care to patients and the whole notion of collaborating with all of the partners in the process are extremely important to creating the best possible outcomes, as I know you know, but I did just want to give you that shout-out.

I wanted to talk to you a little bit about public health. I do also, of course, want to give a shout-out to the public health unit in my riding of Kingston and the Islands. It won’t be quite as lengthy of a shout-out—

**Hon. Eric Hoskins:** Please.

**Ms. Sophie Kiwala:** —and deviation from the question as has been evidenced around this table, but—

*Interjection.*

**Ms. Sophie Kiwala:** Yes.

The public health unit in Kingston and the Islands has been doing an absolutely awesome job. I truly respect their work. I appreciate that on-the-ground, close connectedness to the constituents of our riding. They have

been doing some phenomenal things, including—and I’m just going to read off a few of the different programs that they are offering, which I’m sure you are familiar with: “Standard Size Your Drink,” the whole notion of making sure you are being aware of what you’re taking in, the amount of calories; I believe they’re still doing travel vaccinations—I’ve had some travel vaccinations there before going to Africa in the past; the Stop Texting initiative; Healthy Smiles; and healthy choices and the focus on recreation centres.

But more specifically, there is an initiative that has been driven, in Kingston and the Islands public health unit—

*Interjections.*

**Ms. Sophie Kiwala:** I’m going to test you on this later.

**Hon. Eric Hoskins:** We’re just so impressed with your delivery that we were just commenting—

**Ms. Sophie Kiwala:** Right. Okay. I just wanted to give a shout-out to the local unit for spearheading a national action plan on Lyme disease. Forty-two experts, physicians and researchers from across the country convened together in Kingston and the Islands. It was spearheaded by the associate officer of health, Dr. Kieran Moore, as well as the Chief Medical Officer of Health for Ontario, Dr. David Williams. So I’m very, very proud of that work. I did have the opportunity to address their conference on April 21. It was a two-day conference in Kingston—absolutely fantastic.

So feel free to elaborate on anything that we’re doing on our own provincial action plan on Lyme disease, but specifically outside of that, I would like you to comment on the overall state of Ontarians’ health and what you’re doing to make Ontario the healthiest province in order to grow old, because we’re all getting there, regretfully.

**Hon. Eric Hoskins:** At the same rate.

Thank you for that. You know that, apart from being a medical doctor, my specialty is actually public health, so this is an issue that’s near and dear to my heart. You referenced Lyme, and I’m not going to go into it in detail other than to acknowledge and appreciate, on the record—your riding, Michael?

**The Vice-Chair (Mr. Michael Mantha):** Algoma-Manitoulin.

**Hon. Eric Hoskins:** —the member from Algoma-Manitoulin, Michael Mantha. Just this week, we had a meeting with some remarkable advocates and patients with very direct and challenging experiences with Lyme disease. I think we came to a very positive conclusion at that meeting, and thanks to Michael for actually making it happen. That conclusion was that Ontario has got a lot of work to do to catch up with the science, to listen to patients better when it comes to Lyme disease, to educate our physicians, and to give them the confidence so that they can receive and treat and support patients who may be or are experiencing Lyme disease so that they can do a better job at that. There are many components, from diagnosis and testing to treatment. It’s an incredibly important issue.

I'm not going to talk any more in the remaining time because we do have the opportunity—we have our Chief Medical Officer of Health, Dr. David Williams, who you acknowledged yourself earlier. I think it's important that he be given the opportunity to speak, and for us to have the opportunity to hear from him as well with regard to what he sees as priorities in public health and the opportunities and some of the activities that are currently under way. Thank you, David.

**Dr. David Williams:** Mr. Chair, I'm Dr. David Williams, Chief Medical Officer of Health for Ontario.

Thank you for the question and interest in public health, and from the minister as well, and I'll talk about that in a moment. Yes, it was great to be out at Kingston and to work with Dr. Kieran Moore and Ian Gemmill, a long-term compatriot of mine, and the excellent work that he's done there over the years going back.

The question is a good one. It's one I'd love to spend all afternoon on, but I won't. I'll give you some highlights and spotlight a few things there that I think would be of interest to the members as well as to those here. I'm talking about the health of Ontarians. We've been talking a lot about some of the health systems, but let's talk about the health issues there and how to make Ontarians healthy and Ontario the healthiest place to be.

It's a great message to send out, whether it's encouraging people to get a flu shot, preventing HPV or human papillomavirus virus, not smoking, knowledge about blood pressure and hypertension or preventing injuries, and those are just a few of the things. But most of all, there's a focus around public health. When you're talking about keeping people healthy, we're talking about the pillars of public health. The three legs of the chair that we talk about are prevention, promotion and protection. These all work interactively and enable us to carry out action.

A difference with our public health programs as compared to hospital systems, where people enter voluntarily into the system—or involuntarily, because of emergency situations—is that we have to work with the public as citizens of the community. As such, we have to gain their trust. We have to have their confidence. We have to work with them for education and knowledge in all three pillars that we talked about. That adds an extra challenge.

Certainly, having the activity of our 36 health units, Kingston included, as well as our medical officers of health and the health units and staff is a great resource in Ontario that is a unique one across the country, being the only municipally funded public health entity, with, of course, large grants from the minister. This makes a dynamic combination of expertise and local connectivity to bring about that education and to work with the local citizens and with local municipalities to bring about the best result and ensure the health of Ontarians.

I'm going to talk about a couple of things now and I'm going to give you some recent examples on that. In the area of protection, we usually talk about protection and prevention. They're pretty close. One deals with immediate actions that would result in—some actions there

that would be immediate effects, either mortality or morbidity. It requires action, either assertively through education materials or through acts and orders at times. Prevention is more about things that could happen in your future that you take steps to do, and I'll talk about promotion.

On the protection side, we mostly focus on food safety, water, and we talk about outbreaks and the management of that. As you recall, having being involved in the SARS outbreak of the past, those days, and through Operation Health Protection—that's why I'm talking about protection here—we've come a long way. We've done a number of things to put in place between the dynamic activities and the increased capacity and knowledge base of our local health units, our medical officers of health, our associate MOHs and their staff, combined with our IT systems such as the integrated public health information system, and also with Public Health Ontario, which was not there during SARS. During that time, we have greatly increased our capacity to deal with that. As such, Ontario is one of the leaders in undertaking and detecting some of these early outbreaks as soon as possible. Our laboratory in our public health agency is second only to NML, the national medical laboratory, in Winnipeg.

#### 1710

I'll give you some recent examples of how that has worked. In April, we became aware of cases of hepatitis A in our communities. We started an investigation, trying to figure out the epidemiology. That means you do the testing, you map it out, you interview them all and go through that tendency of "What did you eat? What did you consume?" Through that process, we were able to identify that the source was a frozen berry product from one of the retailers called Costco. It was effective through all of eastern Canada, from Ontario on. Fourteen of the 16 cases were identified in Ontario.

We were the first to identify it through the epidemiology. We worked with our federal counterparts. We have a FIORP, which is a food investigation outbreak response plan. We worked with CFIA, the food inspection agency of the federal government, with PHAC, the Public Health Agency of Canada, with Health Canada, and with other health units and other provinces at the same time to bring about a response—and in this case, with the retailer. That means a lot of work to bring that and inform all the public on that and to do a timely response.

Over that time, we've now done some assessments. We're still reviewing the process. Just under 7,000 people were vaccinated in Ontario for hepatitis A, in conjunction with the health units and in conjunction with the retailer, which was a new endeavour of ours. As such, that brought about protection of our Ontario citizens, because hepatitis A, as you remember, is not the B one but the one where you get the jaundice and that. We usually talk about it at summer camps or places where they got it from food-borne outbreaks. It's passed orofecally on that basis there. As a result, it can spread through communities fairly quickly unless you curtail it



and control it. That's to protect especially children. It can move through subclinically very extensively before you pick it up.

So there's an example of where the dynamic interaction kept Ontarians healthy and protected, especially the vulnerable ones in our community who have immunocompromised situations, the very young and the very old. More recently, again, in Ontario, we have been trying to detect one of our old friends, listeria, or *Listeria monocytogenes*, which causes gastroenteritis. Most people can throw it off fairly quickly, but for the vulnerable—that means the immunocompromised, especially the elderly and pregnant patients—it can cause severe sequelae and, in some cases, death. We started finding clusters of cases and we tried to search the source in a group. Then, six weeks later, we had another cluster of over 20 in each group. We were trying to investigate.

As a result, we have identified now—and we're trying to get a confirmation from CFIA—that, unlike what we had thought, that it was originally related to some salad combinations, it was actually related to positive samples in chocolate milk. We are trying to investigate that now with a certain producer in Ontario. They have curtailed their production of that. The surprising thing to us is that you would think chocolate milk was consumed by kids. In the main cases that we're finding, most of them were over 75, because a lot of seniors are using it for a supplement and a lot of our LTCs are using it for that as well. That meant we had to move urgently to ask our long-term-care facilities to check their fridges and materials, remove that product and the recall materials from all those sites, and to alert them quickly because it would have severe consequences potentially in the health of those seniors and potentially death too, because they have an immune status limitation.

So that gives you the dynamic of how the interface between the laboratory, which is doing very sophisticated lab testing now—we call it fingerprinting. There's a fancy term called PFGE—it's like DNA in other cases—that is so specific that we can map cases that are spread throughout the province. That gives us much more urgent alert. Now we have whole-gene sequencing as well. That sophistication of the lab, combined with the local epidemiological follow-up of the health units and with the ministry counterparts, means that we have a very rapid response to protect our citizens in Ontario. They always say, "It seems like all the outbreaks start in Ontario." I think it's because our surveillance is that sophisticated. Can it be made better? Always. We're always working at making it better. So there are some examples of the protection side.

**Le Vice-Président (M. Michael Mantha):** Madame Kiwala, il vous reste cinq minutes.

**M<sup>me</sup> Sophie Kiwala:** C'est dommage.

**Dr. David Williams:** Yes.

On the prevention side, we have a lot of things related to sanitation, rabies, screening new citizens for tuberculosis and aspects there. One of the key things that we've focused on all the time in prevention is our

vaccination programs, and it's the one that has had the greatest impact.

As you'll be aware, back at the end of April, I did table my report to the Legislature, *Vaccines: The Best Medicine*. You all received a copy in English and in French. In that, we were trying to not only talk about how much that has impacted and dropped the amount of morbidity and mortality, especially among our children in Ontario, with huge gains—also to engage the public, because we need to. It's the public's vaccination program. We've been dealing with more hesitancy among the public. How do we engage in that dialogue with a younger parenting group? As a result, I also put out accompanying—this is my version of the last yellow card. I know the minister, if he had a chance, would like to tear up the yellow card. Don't tear this one up.

**Hon. Eric Hoskins:** No, I'm not going to tear it up.

**Dr. David Williams:** This was a method to get out the information in a more graphic form that's user-friendly. It has QR codes for parents who can quickly click on them, get vaccine schedules and access it. This is just my product. We're hoping it might be allowed more. I have brought copies, so if members would like it—en français aussi—for their benefit. I'll leave these here with the Clerk, if you'd like to have a copy for yourself. I think you'll find it's more reader-friendly and more for the public to get the public engaged and taking part.

To give you some ideas of examples and impacts, back four or five years ago, we introduced a number of new vaccines that I was brought in on. One was rotavirus. Rotavirus is an infectious disease that causes gastroenteritis in children, especially under the age of five years, and it's particularly difficult in one to two years of age. It causes up to 70% to have to get hospitalized and has effects on that. We've tried evaluating our first three years of our program going forward, and already we've seen in over the age of 12 months a 79% reduction in hospitalization rates in that whole cohort. That's just the early findings. This backs up the value of that, and you can even calculate the cost or the expenses for the hospitalizations, let alone the personal impact on young parents with their child getting severely ill in this situation. So there's another new program that we introduced. We're already seeing the benefits of that, and that's on a go-forward basis.

Furthermore, you've seen some changes announced in Immunization 2020. You've already heard some presentations on that. Talking about the issue of vaccination in our schools, we've added more to our Immunization of School Pupils Act, adding to our other previous vaccines a requirement to have varicella and pertussis, or whooping cough, as well as with invasive meningococcal disease at the older age group, which we're doing in our school vaccination programs.

The thing about the Immunization of School Pupils Act is that it is a requirement to have documentation of records. We want the public to participate in that. They supply the records to the local medical officer of health, so he or she can have a record of who they are. That



means that at the time of an outbreak—because among that group, there are medically vulnerable children who cannot take the vaccine because of medical reasons, or they're immunocompromised. If we know there's an outbreak occurring, we know to exclude them during that outbreak, to protect them. So we have to know who is immunized and who is not. Included in that, there's a group called conscious objectors. That group seems to be growing. Some are long-time anti-vaccine people, but a lot of the time, more now, it's people doing it because they're busy, they haven't got the time to think much about it and it just doesn't seem necessary at that time. As a result, as the minister, Dr. Hoskins, announced under 2020, we've added in there an education component because we want to have that opportunity, rather than just going to a notary or someone and signing a form and handing it in, to sit down as you would with any doctor-patient relationship and have that session to discuss: What are your reasons? What do you need to know? Is it an informed consent, or, in this case, dis-consent to not take part? Do you understand the consequences, the sequelae?

I've had that opportunity, in my own time in Thunder Bay, when some came in adamantly opposed and were expecting an argument or basically a lecture, and we had a discussion. They found that very helpful and they went back and reflected, and they came back and had their child vaccinated. We hope to have that opportunity to acquire that and to understand what the reasons are why they're not getting vaccinated, because that is in the social discourse, if you've listened to the radio for the last two years around the MMR, the societal responsibilities. It's that kind of discussion that I applaud because it's the public taking ownership and saying, "This is our vaccine program. This is something we feel proud of."

**The Vice-Chair (Mr. Michael Mantha):** On that note, thank you, Dr. Williams. Merci, madame Kiwala. On passe la parole à M<sup>me</sup> Gélinas.

**M<sup>me</sup> France Gélinas:** Again, thank you so much for accommodating my need to run into the House for a very quick period of time.

1720

Because the Chief Medical Officer of Health was there, I thought maybe it would be a good time to ask, but we'll see if one of you wants to answer the question. We all know that recreational cannabis is around the corner. It's been anticipated by hundreds of thousands of Ontarians who cannot wait until this becomes available in Ontario. I was wondering if there's any money in the budget for an educational campaign and if there's any work being done to look at what will be the age, what will be the distribution system, what will be the hours of sale, but most importantly, how much money has been put aside for education campaigns for Ontarians?

**Hon. Dipika Damerla:** I'm actually happy to answer that. Thank you for the question. Indeed, work has started. It's an inter-ministry effort, so it's not just the Ministry of Health. As you can imagine, a number of ministries, from the Ministry of Finance, the Ministry of

Community Safety and Correctional Services, the AG's office—it's multi-ministry and across government. Work has started on all of the issues that you have highlighted.

But it's really, really important to put into context that until the feds actually move towards providing us with a framework—it's the federal framework that will influence exactly our level of involvement and jurisdiction. At this point, it's not clear just how far the feds will go in regulating and providing the framework.

What I can say is that Ontario is doing what it needs to do to be ready, if and when the federal government does decide to legalize medical marijuana. As you're also aware, a federal-provincial table has also been struck by the federal minister. So work is going on both at the Ontario government level and between the federal government and the Ontario government.

**M<sup>me</sup> France Gélinas:** My question was, how much money is in the budget for education for this new policy coming forward?

**Dr. Bob Bell:** Thank you. Could I ask our ADM of public health and health promotion, Roselle Martino, to speak to this? Because there is currently an inter-ministerial approach to this. Our role in this, really, Madame Gélinas, is a harm reduction and education approach that I think it would be useful for ADM Martino to speak to.

If you could introduce yourself again, Roselle.

**Ms. Roselle Martino:** Yes. I'm Roselle Martino. I'm the ADM for the population and public health division, Ministry of Health. In addition to what the minister has said, there are actually a number of ministries involved in this. We don't have an allocation in the budget for this initiative, Madame Gélinas, but we are currently having those discussions that are being informed, obviously, by the federal discussions that are taking place, and with other key ministries across government as well to try to get a sense of what the policy framework would be around the legalization of marijuana and then what the various costing of elements would be.

As the deputy said, the government recognizes—and I believe both ministers would support this as well—the importance of the harm reduction and prevention piece, and awareness, should this become legalized. Those elements are fundamental in terms of public education and awareness. We are doing that internal discussion and costing presently.

**M<sup>me</sup> France Gélinas:** Thank you. Because it's close to the last rotation, I will be jumping around from file to file.

My next question: Do we keep track of complaints that have to do specifically with FHTs and FHOs? I have a number of them: family health organizations, alternate payment plans for physicians; I'm sure you're fully aware of this. There have been a number of complaints against them that people have a hard time resolving themselves. Some of them have reached out to your ministry and were basically told that a patient complaint is the responsibility of—

*Interruption.*

**The Vice-Chair (Mr. Michael Mantha):** Excuse me, Madame Gélinas. Whoever has that phone, can you please turn it off or take it outside? Thank you.

**M<sup>me</sup> France Gélinas:** Do we keep track of the number of complaints and who handles that at the local level? As I said, your ministry responded to this particular constituent that a patient's complaint is the responsibility of the FHT if it relates to organizational activities. But I will start with the FHO. So it's just the payment. They still do have responsibility for extended hours and for access. If they don't meet those right now, do we keep track of how many, and what can patients do?

**Dr. Bob Bell:** At present, if we're talking about family health organizations, or FHOs, where there is no executive director and there is no administrative structure—it's simply a group of physicians who are grouped together in a compensation arrangement, and oftentimes they have a call-coverage situation—there is no formal complaint process that leads to the ministry having the ability to tabulate the number of concerns.

There is, of course, a professional misconduct process. There is the professional competency aspect to any physician practising in the province, and there are complaint lines for those aspects at the College of Physicians and Surgeons as—

**M<sup>me</sup> France Gélinas:** It has to do with hours of care, like they're supposed to be open at night; they're not. They're supposed to be on pagers; they're not.

**Dr. Bob Bell:** Certainly that's an important part of the Patients First strategy that the minister tabled. But at the present time, there are aspects related to hours of service that could potentially fall into the category of professional misconduct. That would be extremely unusual. Of course, if there are complaints related to professional misconduct, the CPSO—

**M<sup>me</sup> France Gélinas:** No, we've already ruled out the CPSO. The CPSO says that this is not misconduct; it's that they're not honouring their contract to provide extended hours and to be on call.

**Hon. Eric Hoskins:** That's one of the issues that we're aiming to address through the Patients First Act. Giving our LHINs authority and responsibility over primary care planning as well as performance and developing a set of indicators—including the one that you've referenced—that are meaningful to patients will give us the ability to work with our primary care providers, not only to measure that and track it but also remediate it where required. I think I've referenced it before. It's one of those very important indicators—the issue of access. I like to define that there are outputs and outcomes. This is more of a measurable output, although you can certainly imagine that it can potentially impact quality of care and outcomes. It's an important measurement.

**M<sup>me</sup> France Gélinas:** Okay. In the bill right now, if they are an agency, if there's an FHT, a nurse-practitioner-led clinic and an AHAC, they will be under the financing and monitoring of the LHINs, but the FHO won't be. They will continue to be your responsibility. The LHINs will have oversight, but through your

ministry, they're not allowed to do anything right now, and they still won't be allowed to do anything after the bill goes through.

**Dr. Bob Bell:** Actually, we spent a couple of hours this afternoon talking to the Ontario Medical Association about this very issue. We've talked extensively to the Ontario College of Family Physicians and to AFHTO, the Association of Family Health Teams of Ontario. As well, I was earlier today talking to the Association of Ontario Health Centres about this very issue.

As you know, in the legislation, when it comes to primary care contracts—not fee-for-service—the LHINs will have the power of agency for the ministry, not negotiating terms of work or compensation; that remains the representation rights agreement for primary care and all physicians that the OMA has, according to our agreement. However, for issues like you're describing—levels of service, hours of operation and, crucially, the issue of access—this is something that we anticipate the LHINs' sub-regions will closely monitor. They will have not only administrative capability on behalf of the ministry but also, importantly, they will have primary care thought leaders. This is what we learned from the Price-Baker report. This is not an issue that only patients want to see enhanced; this is something that primary care providers crucially want to see enhanced because 50% of patients in primary care models across the province are getting excellent access. It's the 50% providing great access that are saying, "How do we improve performance?" That's what the Patients First bill is designed to speak to.

**M<sup>me</sup> France Gélinas:** So right now we are not counting how many of those, but once the bill passes and the LHINs have responsibility, will you be keeping track of how many complaints you get specifically, let's say, against the FHOs? Not against the agencies—we already know that. It's really against the fee-for-service and the FHOs and the alternate payment models that are not tied to agencies and to interdisciplinary care that I'm interested about.

1730

**Hon. Eric Hoskins:** We'd certainly have opportunity for that.

**M<sup>me</sup> France Gélinas:** Opportunity for that. Okay.

**Hon. Eric Hoskins:** I've got some of the requested information in terms of PET scanners, if you want me to provide that briefly.

**M<sup>me</sup> France Gélinas:** Oh, thank you. Yes, please.

**Hon. Eric Hoskins:** You asked for the province-wide expenditure, in the first instance, for PET scans. I think we're up to about 12,000 annually, in the most recent year at least. The actual cost of the scans in 2015-16 was \$11.6 million, province-wide.

**M<sup>me</sup> France Gélinas:** Can I have it for previous years? How much did we spend?

**Hon. Eric Hoskins:** I do not have that, but you can imagine—and I've also got the cost per scan in terms of the professional fee, if you're interested in that.

**M<sup>me</sup> France Gélinas:** Yes, please.



**Hon. Eric Hoskins:** It's \$237.50 per scan as a professional fee. If I understand this correctly, the compensation or remuneration is \$450 per scan if it's with respect to a diagnosis of cancer. If it's a cardiac-related scan, the compensation is \$750 per scan. Now, there may be some—I think that's fine.

The last thing I had was I just wanted to clarify that I had suggested that the wait times are typically less than two weeks, or 10 business days. In fact, that has been and is the case, that Ontario has not exceeded the two-week wait times to date. In fact, our monthly median wait time for the last five years has ranged from three to eight business days.

**M<sup>me</sup> France Gélinas:** Thank you. All right. I'm sort of jumping a little bit all over the place. Do we keep track of code white in hospitals?

**Interjection:** Of what, sorry?

**M<sup>me</sup> France Gélinas:** Code white.

**Dr. Bob Bell:** Code white—violence. Not to the best of my knowledge. I don't believe we have aggregated the information regarding code white, no. We would not have.

**M<sup>me</sup> France Gélinas:** No?

**Dr. Bob Bell:** Code white may turn out to be a very trivial episode, or it could be something of more significance. Certainly, we keep track of incidents that result in injury to a staff member or injury to a patient. If there is violence that results in injury, we would have information available through the occupational health and safety committees that are in hospitals.

**M<sup>me</sup> France Gélinas:** Do you, as the ministry, gather those together, if it had an impact on staff or on a patient?

**Dr. Bob Bell:** There is information in the occupational health and safety committees. It's more the Ministry of Labour that collects information related to potential injury to staff. As you know, we have a joint ministry committee related to workplace violence and improving workplace safety for hospital staff. That's a major goal that the ministry has, and something that's being reflected more and more frequently in quality improvement plans from hospitals.

Currently, a task force that Minister Flynn and Minister Hoskins co-chair will be reporting, I believe, in the fall with some early recommendations. There are some best-practice hospitals recognized across the province. Toronto East General and Southlake hospital, as well as the work being done at the Centre for Addiction and Mental Health, have led the province in terms of establishment of best practices and education of staff, so there is—

**M<sup>me</sup> France Gélinas:** But in your work as overseer of the system, do you collect this data that comes from the shared table with the Ministry of Labour when it comes to patients being injured during a violent incident?

**Dr. Bob Bell:** Certainly, information related to Ontario Ministry of Labour investigations—we would have access to that information from Ministry of Labour colleagues. That information has been accessible, I know, to the workplace violence prevention task force, yes.

**M<sup>me</sup> France Gélinas:** So could you share that with us?

**Dr. Bob Bell:** We can look into that, yes.

**M<sup>me</sup> France Gélinas:** Okay, thank you.

**Le Vice-Président (M. Michael Mantha):** Madame Gélinas, il te reste cinq minutes.

**M<sup>me</sup> France Gélinas:** Five minutes? Okay.

Can I have an update—I do that every year—on the number of hospital beds in operation by clinical area, and can I have that by LHINS? You do that little chart for me every year.

**Hon. Eric Hoskins:** I'll look into that for you, as well.

**M<sup>me</sup> France Gélinas:** Okay, thank you. The other one is another little chart that I ask for every year—

**Hon. Eric Hoskins:** Do you ever get it?

**M<sup>me</sup> France Gélinas:** Yes, I do.

**Hon. Eric Hoskins:** Okay, good.

**M<sup>me</sup> France Gélinas:** Sometimes I have to pay five bucks through freedom of access to information, but sometimes—

**Hon. Eric Hoskins:** Let's see if we can make it a little easier for you this year.

**M<sup>me</sup> France Gélinas:** Yes, save me five bucks; I'm all for it.

My next question is the same thing. Something I ask for every year is the number of contracts the CCACs have with for-profit versus not-for-profit and the total amount of money that goes to those two. Sometimes I get the hours of care with it; sometimes I don't. If I could get the hours of care in the contracts with it, I would be very grateful.

**Hon. Dipika Damerla:** Okay, I'll endeavour to work to get you that.

**M<sup>me</sup> France Gélinas:** Thank you. The next one is, can I have a breakdown of the provincial portion of funding that goes toward different health units by program area for each health unit? The 36 health units: We know their total budgets and we know how much money you send to each of them as a whole, but I would like it broken down by program area.

**Hon. Eric Hoskins:** We're just consulting now. We don't have it at hand. I'll look into that for you, as well.

**M<sup>me</sup> France Gélinas:** Okay, thank you. The others: I'm not sure we keep this, but I'm just curious. Do we keep the number of hours of agency nurses who work—we'll start with our hospitals. Do hospitals report on that? Do you know? Do you care?

**Dr. Bob Bell:** The answer is that we definitely have information with respect to full-time nursing hours. That is definitely there. I believe that we have—and I'm going to look for a second here. Do we have agency hours?

**Interjection:** I'm not sure.

**Dr. Bob Bell:** We're not sure, Madame Gélinas. We'll find out.

**M<sup>me</sup> France Gélinas:** Okay, if you could share that with me. But if you do have the full-time nursing hours per hospital, I would be interested in sharing that. Does this come where we see the difference between RN, nurse practitioner and RPN, or does it come as a whole?



**Dr. Bob Bell:** In terms of full-time nursing hours, I believe that's RN. But again, I'm not sure, so we'll have to check that.

**M<sup>me</sup> France Gélinas:** Okay. If there is more than one category of nurse, could you break it down? If it's just for RN, then it becomes clear by itself.

**Dr. Bob Bell:** As you know, virtually all nurse practitioners are full-time because they're generally not on shift work.

**M<sup>me</sup> France Gélinas:** Yes. But if you have the number of hours, it would be interesting to track this to see where we're going.

**Dr. Bob Bell:** We definitely have hours worked for those three—no, I can't say that. I've got to check that.

**M<sup>me</sup> France Gélinas:** Okay. But if you do have the number of hours worked for those three, I would be very interested in you sharing that with me.

My next one—I'm not sure who it goes to. There have been promises made to caregivers to increase respite in—I think it's called the respite innovation fund. I'm not exactly sure that I have the right terminology. Basically, is there any money in this budget to help family caregivers with respite?

**Hon. Eric Hoskins:** As you're probably aware, in the 10-point action plan on home care that was announced by government last April, I believe it references specifically, as one of the action points, to increase the provision of respite for caregivers. Nothing has been announced at this point.

1740

**The Vice-Chair (Mr. Michael Mantha):** And on that note, thank you, Minister. We will now move on to Mr. Walker, with the official opposition. The floor is yours.

**Mr. Bill Walker:** Thank you, Mr. Chair. Thank you very much. I hope you'll enjoy my delivery as much as you did my colleague from Kingston and the Islands.

We're getting down in time, so I'm going to ask, if you would indulge me—if you don't have the actual numbers or the specific answer, we'll just note it and you can get it back to me later so that I can get through as much as I can.

**Hon. Eric Hoskins:** Yes.

**Mr. Bill Walker:** Can you share with me—if you actually know—what the funding shortfall for long-term care is?

**Hon. Dipika Damerla:** Can you elaborate on what you mean by that? What do you mean? I'm not sure what you mean.

**Mr. Bill Walker:** We obviously know there's a boom coming at us. We know there are not enough beds currently, the developed beds, and that you've only accomplished a third of what you said you would.

We know there's a doubling of the wait-list to 24,000 people. Do you even have a number that you know that you should be working on, to make sure we have the services and programs for seniors in long-term-care facilities that we need?

**Hon. Dipika Damerla:** I believe I answered that question yesterday, but I will try and answer it again.

**Mr. Bill Walker:** Just the number. I just want to know what number you're working with. What's the total shortfall for funding care right now for long-term care?

**Hon. Dipika Damerla:** I believe that it's really important to note that from 2008-09 to 2014-15, wait times for long-term-care homes have actually reduced by 6.2%—

**Mr. Bill Walker:** Associate Minister, with all due respect, I have asked all the time—I don't want to hear what you've done. I just want either a number, or just say, "Decline." That's fine.

**Hon. Dipika Damerla:** We'll endeavour to get back to you.

**Mr. Bill Walker:** Thank you very much. We know that the most costly form of care is being in a hospital bed, and that there are a lot of people—7% of people aged 65 and over reside in a long-term-care facility, but there are many more remaining in a hospital bed that should be in a long-term-care bed.

Do you have a number of how many people are in a hospital bed that should be in long-term care, and what the associated cost of that is?

**Dr. Bob Bell:** According to the access-to-care information that we get from Cancer Care Ontario, looking at the alternate level of care population, Mr. Walker, there are about 2,500 patients across Ontario hospitals who are waiting for long-term care. Some of those have exceedingly difficult problems—behavioural issues—for which there are very few facilities in the province, and that is why they're spending so much time there. Some of those are quite short stays. So 2,500 patients on any given day would include patients who are only waiting for three or four days, or it could include patients who have been there for very prolonged periods of time, waiting for a specific facility that has strong behavioural programming available for people with strong programming needs.

**Mr. Bill Walker:** Associate Minister, could I just get you to clarify: You said 2,500 beds? Because the number I'm being told by the industry is 24,000 beds—

**Hon. Dipika Damerla:** What the deputy was referring to was a very specific number, which is the ALC, the alternate level of care. That would be referencing people who are in a hospital who might be better off somewhere else. That's the number he was referencing.

**Mr. Bill Walker:** Fair enough. Thank you. We'll agree, though, that there are many more than 2,500 people that are going to need long-term-care facility beds, and that's the issue that I keep hearing from the community.

Can you tell me the current average wait time for an individual on a wait-list to transfer from a hospital bed to a long-term-care facility?

**Hon. Dipika Damerla:** I know we can get you the number, but I just wanted to know if somebody has the number handy. I believe it is actually 68 days.

**Mr. Bill Walker:** Sixty-eight? Thank you. We know that acuity in long-term-care facilities has been increasing. Despite that, we keep hearing from the community and from the industry that funding has not kept pace, and

there is widespread acceptance that there are too few staff to provide the adequate care that they believe they need, the minimum levels of care. Can you tell me how many PSWs are employed in our long-term-care sector?

**Hon. Dipika Damerla:** I can't give you an exact number, but I will say this, MPP Walker: Under the long-term-care act, it's very clear that every resident has to have a personalized, tailored plan of care. That plan of care would then dictate the number of hours of care that that person would get from a variety of health care professionals, whether they're PSWs, whether they're nurses. I think the key issue is that care is provided as required. Under the act, long-term-care homes are required to provide the level of care as indicated by their care plan.

**Mr. Bill Walker:** Thank you. Can you tell me what the copayments were in 2003, and what they are now? If not, if you can't get that, as long as you supply that to me, that would be great.

**Hon. Dipika Damerla:** Yes, we can try and get that to you later.

**Mr. Bill Walker:** With that, how many fee hikes has the province brought in over the last 13 years?

**Hon. Dipika Damerla:** What I can tell you is that Ontario probably has, if not the lowest, I believe the third lowest copay rates for long-term-care homes in Canada, and I believe we have the lowest if you compare just the provinces. If you compare it with the territories, because they get federal funding, we're a little bit higher. While we'll try and get you those numbers, I can assure you that we have by far the lowest copay rates in Canada.

**Mr. Bill Walker:** Thank you, and a good segue, because I want to ask a question about the Canada Health Transfer allocation. Can you tell me—yes or no—is 100% of the Canada Health Transfer allocated to health care?

**Hon. Dipika Damerla:** I think maybe the—

**Dr. Bob Bell:** Just a number that you asked for earlier: You asked for the number of PSWs employed in long-term-care settings, Mr. Walker?

**Mr. Bill Walker:** Yes.

**Dr. Bob Bell:** That number is 60,000.

**Mr. Bill Walker:** It's 60,000?

**Dr. Bob Bell:** About 60,000. Sixty—six zero thousand.

**Mr. Bill Walker:** Thank you.

**Dr. Bob Bell:** And you were asking about Canada Health Transfers? Sorry.

**Mr. Bill Walker:** Yes. What I just want to know is, can you assure me that 100% of the Canada Health Transfer to health care is actually used in health care, and will you provide audited statements of that nature?

**Hon. Eric Hoskins:** As you can appreciate, health expenditures take place through a number of different ministries. It's important, when you look at the transfer, that that is understood. For example, there are significant expenditures in children and youth mental health that are expended through the Ministry of Children and Youth Services and not through the Ministry of Health.

We have the financial information as it pertains to my ministry. I don't have at hand, nor is it really in the purview of my ministry to have, a full accounting of expenditures through other ministries that may be directly health-related.

**Dr. Bob Bell:** Minister, I can speak to the actual sum in the Ministry of Health, if that's appropriate.

**Hon. Eric Hoskins:** Sure.

**Dr. Bob Bell:** As you know, Mr. Walker, the Ministry of Health spends about \$52 billion. The Canada Health Transfer is around \$13 billion, so it's roughly 25%. Certainly, that goes into the general revenue fund, but obviously, we overspend, by far, that contribution from the federal government. So every penny is spent.

One of the questions that has come up previously—I think it was in last year's estimates. There was a question of, was all incremental funding in incremental Canada Health Transfers used in the Ministry of Health? The answer is yes.

**Mr. Bill Walker:** Okay. Thank you. Can you tell me the total cost of ministry funding for palliative care services? And again, if you don't have the exact number, if you could get that to me, that would be great.

**Dr. Bob Bell:** We do not have that number. So much of that funding, I can tell you, is absorbed within general internal medicine units and within general hospitals that hiving off a true estimate of what is spent on palliative care would be virtually impossible. We do have a budget for the Ontario Palliative Care Network that Parliamentary Assistant Fraser has sponsored. That amount is available to us and is probably going to come forward just about any moment. Does anybody have the PCN number for this year?

**Mr. Bill Walker:** While we're waiting on that, I'll just queue the next person up, because I would like to know the total cost for drugs for palliative care patients.

**Hon. Eric Hoskins:** The cost of drugs?

**Mr. Bill Walker:** The cost of drugs for palliative care patients, yes.

**Hon. Eric Hoskins:** I don't believe that the ministry would have that detailed information or collects information with respect to drug expenditures based on palliative state.

**Mr. Bill Walker:** Where I struggle with some of this, not ever having had the privilege of sitting on your side of the House, is to understand how you set estimates and you set budgets if you don't know some of those things. I'm trying to get my head around: How do you estimate, how do you guesstimate, where you're going to be?

We have a lot of people chasing a lot of statistics. What I hear from almost every industry is that the government continues to ask for more data so that we can be more knowledgeable. Yet when I ask a lot of questions about something as simple, I think, as how much you spend on drugs for palliative care, I don't get an answer.

**Hon. Eric Hoskins:** We don't have drugs, but we have historical references with regard to government expenditures on drugs. We also know what has recently come into the schedule or is forecast to come online



because of new innovations and developments in our role in the pan-Canadian Pharmaceutical Alliance. We do have very accurate historical information that we can use to base projections on. The fact that we don't actually categorize it according to the condition or the specific environment that the patient has experienced doesn't preclude us from making those forecasts accurately.

1750

**Mr. Bill Walker:** Thank you.

**Dr. Bob Bell:** If I could, just so we can chase down that number, how do you define "palliative care"?

**Mr. Bill Walker:** Well, I think your total. Anybody who is deemed whatever your criteria is for "palliative"—you're the government; you set the terms and conditions of anybody receiving services and programs of a palliative care nature—we want to track. Whether it's at-home care, whether it's in a hospital, whether it's in long-term care, I just want to know what that total cost is.

**Dr. Bob Bell:** The reason why we're struggling a little bit with that is that an increasing number of patients are recognized, exactly based on your definition, as having palliative care. The new definition that we're using based on Parliamentary Assistant Fraser's excellent work with palliative care physicians and primary care providers recognizes that probably the best way to define a palliative care patient is to ask their provider, "Do you anticipate that this patient will unfortunately be deceased within the next year?"

Our definition of palliative care, which used to be really focused on patients with terminal cancer, for example, is expanding quite dramatically because of the recognition that patients with advanced congestive heart failure and advanced chronic obstructive pulmonary disease are often recognized by their providers now as being palliative.

The whole underlying framework of who is a palliative care patient is undergoing rapid evolution. Probably the numbers that we have today would be changing in the upcoming years as more people are recognized as having palliative care needs.

**Mr. Bill Walker:** Sure. Thank you.

We've talked about this a fair bit. Long-term-care homes are short of at least 24,000 beds, from what we received from the industry. That number has continued to increase since January 2014.

We've received a lot of concerns at our office about how the frailest, sickest and neediest elderly patients are not being prioritized for placement in long-term-care beds. Particularly, we've received word of a situation from the Sault Ste. Marie region, where there are some 1,100 people waiting for a long-term-care bed and where particularly male patients are facing a three-to-five-year wait for basic LTC beds.

Alternate level of care or ALC patients who are deemed in crisis are being shuffled into these so-called pop-up nursing homes despite them requiring immediate admission into a long-term-care home. Just a generic kind of—what happened to the rules of choice and

consent, and how are these interim or pop-up nursing homes licensed and regulated? Is it under the Long-Term Care Homes Act?

**Hon. Dipika Damerla:** I'll be very, very clear: I'm not entirely sure what you mean by a "pop-up" nursing home. To be a long-term-care home in Ontario, you need to be licensed by the Ministry of Health and Long-Term Care. If they're not licensed, then they're not nursing homes or long-term-care homes.

I do want to correct one assumption. A wait-list of X doesn't mean X is the number of beds you need; there's throughput as well that you have to consider. I think that's a very simplistic way of looking at it. The better way to look at it—and I talked about it yesterday, but I think it bears repeating—is we are undertaking province-wide capacity planning.

I really, really hope that next year, we will be able to answer some of those very concrete questions that you have around numbers, but again, it's the continuum of care. The question that should be asked is, "What are you investing and what are your plans through the continuum of care," whether that's investing more in home care, whether that's investing more in affordable housing, assisted living or long-term care.

It's that whole continuum that we are looking at that will inform some of the questions that you're asking. But I think it would be too simplistic to take a wait-list at a point in time, which changes all the time as well, and come up with a number.

**Mr. Bill Walker:** Thank you very much, Associate Minister. I'll be pleased to continue to shine the light on you next year to get those answers.

I take your basic concept, but we're hearing from the industry 24,000. If you want to take 4,000 off or add 4,000, I get that. But 20,000 is not an insignificant number, and we know the demographic is coming at us. The reality is whatever form—all we want to see is a plan and that you're addressing it. Again, I'm going to go back to the beds that you said you would redevelop. You're happy that you have developed a third of them. I, as an Ontario taxpayer, am not happy, if we know that there's X, whatever that X number is, that you've only accomplished a third. All I want to say is we want to make sure of that.

Yesterday, you suggested that you were "comfortable in being prescriptive" with "the four funding envelopes." We've heard a lot of feedback from the operators, from patients and from their families that they don't share that. They want to have an ability to be more flexible. They want to be able to do things like have new mattresses to reduce the incidence and prevalence of pressure ulcers, or to install and update fire sprinklers. They know that there are things. Those operators know exactly what their homes need and how they can provide better levels of care. We're really hopeful that you'll do that.

Where I'm going with this one is there are some reconciliation funds that you take back from facilities, if they're not used for those prescriptive needs. Can you tell me—and again, if you don't have it, I'll take it later—



how much money you take back on an annual basis, or in the last five years, if you will, in reconciliation funds? I'd also like to know, when those are taken back, what's done with that funding. Where does that pool of money sit and what do you utilize that money for, if it's not within the long-term-care facilities?

**The Vice-Chair (Mr. Michael Mantha):** Mr. Walker, you have five minutes left.

**Mr. Bill Walker:** Thank you very much, Mr. Chair.

**Hon. Dipika Damerla:** Deputy, is there somebody who wants to give—I'll start by giving an overview, but I wanted to know if you have the numbers, or will we be looking into them?

**Dr. Bob Bell:** We do not have the numbers here.

**Hon. Dipika Damerla:** We do not have them. I just wanted to say that the one thing I do know is that we fund based on utilization. If a home has an empty bed, then that doesn't get funded. There's a funding formula but it's not that we are taking funds away that they would have needed to use; it's if you had an empty bed or if your occupancy isn't there. We fund based on each resident. The funding follows the resident. It's really important to unpack that homes get the money they need for the residents that they have, but we'll endeavour to get back to you in terms of any details that you asked for.

**Mr. Bill Walker:** Thank you. Because we're running out of time, I'm going to switch gears totally.

Yesterday, the Ontario Association of Cardiologists wrote an open letter to the Auditor General, asking her to examine two issues: (1) They believe that certain cardiac rhythm monitoring tests were and are being inappropriately over-billed to OHIP. Cardiologists urged the ministry in July 2015 to put a stop to it but it continues. (2) In October, the government unilaterally waived the requirement for a physician to be present during the performance of cardiac ultrasound services, boosting profits in the commercial lab sector.

So the association of cardiologists is alleging that certain ambulatory cardiac rhythm monitoring tests were and are being over-billed. Could you explain in more detail what they are concerned about and what you've done to address that issue?

**Hon. Eric Hoskins:** Obviously, I'm aware of the concerns. We listened to them some time ago and the ministry has acted on them. I'm just looking at the letter itself.

First of all, it's important to emphasize that the decisions that we've taken in reference to the concerns that they have raised have had no impact on quality of care nor have they infringed upon best practices or clinical guidelines in existence. For example, I know one of their concerns was with regard to their presence when certain diagnostic imaging tests are conducted. We took an important step. There was a transition period and we

now require all facilities that undertake echocardiograms to be accredited facilities, and that is now the case for them to be reimbursed through the OHIP system.

The first of the two items that was identified as a concern by this particular group of cardiologists was in reference to technology that had developed and there was some concern about how the billing was being undertaken by the company on behalf of the cardiologists. There were some schedule-of-benefits concerns that were raised which we have addressed and clarified to the company and the cardiologists involved. We have clarified with them the concern that we have and the appropriate method of billing for that diagnostic test or tests that they were providing.

**Mr. Bill Walker:** So you're monitoring and we can check that next year to see if there has been any dramatic increase in those types of billings. Thank you, Minister.

The other one—and we're running out of time here. I'm pleased to see some more money put into the palliative care sector. You've agreed to 20 new hospices across Ontario. Can you provide me—again, if you don't have it today—a list of where those facilities will be allotted and how many beds per facility?

**Hon. Eric Hoskins:** This is part of the important work that the member for Ottawa South, John Fraser—I think it's Ottawa South—

*Interjection.*

**Hon. Eric Hoskins:** Thank you.

**Interjection:** You're never going to be Speaker.

**Hon. Eric Hoskins:** Yes, everybody was quiet. Thanks for the help.

**Interjection:** But you were right.

**Mr. Bill Walker:** Good guess.

**Hon. Eric Hoskins:** —the work that he's been doing. There has not yet been any announcement on the specific allocations. You're right about the commitment to funding 20 additional hospices. That being said, I believe that we're close to being able to make that determination.

**Mr. Bill Walker:** Great, and I ask that partly because, again, I go back to the long-term-care beds. We didn't have a plan, we haven't seen one, and we don't get the list, so we want to make sure. Obviously, there were two LHINS that didn't have any provision for those services, so obviously we're hoping they're—

**Hon. Eric Hoskins:** You certainly won't have to wait until next year's estimates to get the answer.

**Mr. Bill Walker:** Excellent. Thank you very much, Minister. It has been a pleasure.

**The Vice-Chair (Mr. Michael Mantha):** On that note, thank you, Minister. Thank you, Mr. Walker.

It being so close to the hour—le Comité permanent des budgets des dépenses, cette séance est maintenant levée.

*The committee adjourned at 1800.*



## CONTENTS

Wednesday 8 June 2016

Ministry of Health and Long-Term Care.....	E-1027
Hon. Eric Hoskins	
Hon. Dipika Damerla	
Dr. Bob Bell	
Ms. Denise Cole	
Ms. Lynn Guerriero	
Dr. David Williams	
Ms. Roselle Martino	

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